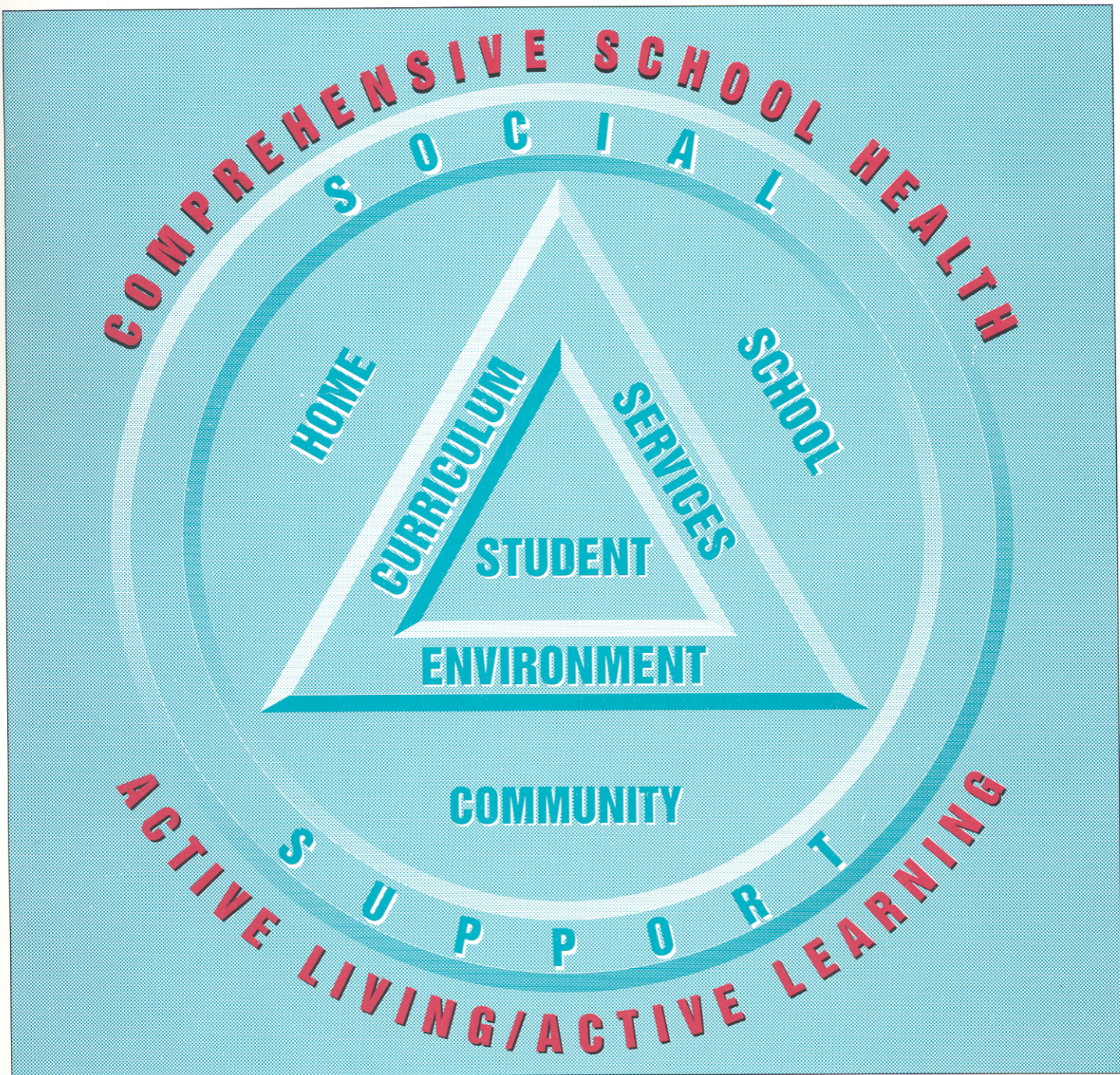


INTERMEDIATE

Adolescence: Healthy Lifestyles

Health and Personal Development Curriculum Guide



Government of Newfoundland and Labrador
Department of Education
Division of Program Development

Authorized by the Minister

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Preface

This curriculum guide entitled *Adolescence: Healthy Lifestyles* is intended to assist teachers in providing a comprehensive approach to health and personal development education for students in grades seven, eight, and nine. The philosophy, goals, and objectives for the program address those concepts and issues which affect the lives of young people.

The developmental characteristics of adolescents with their implications for programming are outlined at the onset. These provide valuable information for planning learning activities as well as for structuring and supporting the learning environment.

The program in its content and approach is based on what current research reveals about adolescent needs in a variety of health and life skills-related areas. Additionally, over the past five years, the results of a number of research studies have indicated a growing concern for health promotion nationally and more specifically have identified a need for better health programs in school systems. Just as health care is acknowledged as a cornerstone of the Canadian health system, health promotion is positioned to become another, equally important cornerstone of that system.

The program in grades seven and eight takes its impetus from the health program in Primary/Elementary in that the focus is on a comprehensive approach to health and many of the broad concepts that are introduced in Primary/Elementary are further developed at this level. The program also relates to and includes some of the goals of the grade nine program entitled *Adolescence: Relationships and Sexuality* and thus, in addition to dealing with relevant concepts for grade seven and eight students, prepares them for a comprehensive approach to sexuality education in grade nine.

6/10/13

The first part of the report is a summary of the findings of the study. It is followed by a discussion of the implications of the findings for practice and policy. The report concludes with a list of references and a list of appendices.

The second part of the report is a detailed description of the study. It includes a description of the sample, the data collection methods, and the analysis methods. It also includes a description of the results of the study.

The third part of the report is a discussion of the implications of the findings for practice and policy. It includes a discussion of the strengths and limitations of the study, and a discussion of the implications of the findings for practice and policy. The report concludes with a list of references and a list of appendices.

The fourth part of the report is a list of references. It includes a list of references for the study, and a list of references for the literature review. The report concludes with a list of appendices.

The Adolescent Learner

The young adolescent is going through a period of significant physical, emotional, intellectual, moral and social change. Since the nature of these changes is at times intense and varied, they need to be recognized and examined by those who direct their learning.

For the purpose of this document, adolescence can be subdivided into early adolescence for the years ten to fourteen, encompassing the biological changes of puberty and a new interest in the opposite sex, and middle adolescence, ages fifteen through seventeen, a time of increasing autonomy and self-discovery leading to clear identity formation. There is considerable difference in the characteristics of the early grade seven adolescent and the late grade nine adolescent.

While some general characteristics for adolescents have been identified, there is a need to recognize that changing characteristics are on a continuum with many variations at each grade and for different ages. Each young person is a unique individual and any attempt to "classify" must be regarded as extremely "general".

Educators, through experience, careful observation, and on-going evaluation will recognize other patterns of growth and development among individuals. The physical, intellectual, moral, emotional and social nature of the young person should be considered when facilitating a health and personal development program. With respect to students with learning difficulties, it is important to remember that they have the same needs as other young people and through this curriculum, many of these needs can be addressed.

The following scheme, adapted from *The Report of the Junior High Reorganization Committee*, Department of Education and *A Portrait of Young Adolescents in the 1990's*, Centre for Early Adolescents, highlights the major characteristics of all young people and suggests program implications for the development of a curriculum to meet their needs and interests. This developmental outline should be considered as a working framework rather than as a definitive statement on the nature of adolescence.

As with an image on the monitor composed of a multitude of dots on the screen, the large view of adolescence, shaped by each young individual, creates a vision of the whole. In looking at the large picture of adolescence, it is important not to overlook the individuals who create the image. The larger picture should serve to guide those who are involved in the growth and development of each and every young person.

Characteristics of Adolescence

Physical Characteristic

Early adolescence is a time of rapid physical growth.

Implications

The program should provide experiences and opportunities that would help students understand their own physical development.

Emphasis should be placed on **how** the teacher deals with students within the social interaction of the school and the classroom. Classroom climate and teaching methodology are important.

Physical Characteristic

Strength, energy levels, stamina, and sexual maturation of both boys and girls increase at different times and rates.

Implications

Opportunities must be provided for constructive social interaction and the establishment of a healthy, stable classroom environment.

Problems in the psychomotor domain should be identified and instructional strategies developed to remedy those problems while encouraging and preserving self esteem.

Because of the wide diversity in sexual development between boys and girls at this stage, the program should reflect the range of needs and interests of students.

The benefits of physical activity and fitness should be promoted.

The program should provide for physical activity, time for having fun and time for relaxation.

The benefits of proper nutrition and sound eating habits should be promoted.

Emotional Characteristic

Intense emotions play an obvious part in the lives of adolescents. Moods last longer and emotions are more enduring.

Implication

Teachers of young adolescents should be understanding of their students' internal conflicts and the program should provide opportunities for students to think through their conflicts.

Emotional Characteristics

There is an increased need for independence which manifests itself in self-assertion.

Fear of rejection and feelings of uncertainty and inadequacy in new situations are common.

Implications

Adolescents need structure and clear limits.

Opportunities should be provided for the development of decision-making skills, leadership skills, self-reliance, independence, and responsibility.

Educators should provide needed stability and be positive role models.

Adolescents should be invited to learn in a low-risk or risk-free environment.

The Adolescent Learner

Emotional Characteristic

Variability and intensity best describe the emotional state of the young adolescent. There is a maturing of new sexual emotional responses which is accompanied by an emerging sensitivity and the development of reflective thinking.

Implication

Young people should be made aware of their own and others feelings through discussion and free expression. Such activities also allow them to order their own ideas and thoughts.

Emotional Characteristics

Adolescents are self-conscious and self-critical, and are vulnerable to bouts of low self esteem.

Young adolescents are continually evaluating and defining themselves in their search for identity.

Implications

Programs should provide the opportunities to enhance self esteem, to be successful and to have their accomplishments recognized by others.

There is a need to introduce an understanding of how positive and negative feedback affects self esteem and contributes to well-being.

Intellectual Characteristic

Young adolescents are intensely curious and demand relevance in learning. As their ability to process and relate information increases, their search for structure in the information also increases.

Implication

An experiential approach is required. The demand for relevance should be met by basing curriculum concepts in life, by using real people as exemplars, and by meaningful participation in families, school and communities.

Intellectual Characteristic

The ability to process and relate information is increasing. They search for an understanding of rules and conventions and tend to question all experience.

Implication

The program should provide the opportunity to question and analyze situations to further the skills of critical analysis and decision making.

The Adolescent Learner

Intellectual Characteristics

The ability to conceptualize abstract and hypothetical concepts and to apply problem-solving approaches to complex issues is emerging but varies from individual to individual and from time to time.

The 11-year-old is a concrete thinker with an egocentric perspective, a focus on "right now" while the 14- and 15-year-old is an abstract thinker, with the ability to consider possibilities, not just realities. The older adolescent is able to see things from another's viewpoint, to focus on perceived consequences of behaviour over immediate gratification of wants and consider exception to the rules.

Implications

The program should provide for movement from concrete to abstract thinking when and where appropriate.

Young people should be exposed to learning situations where they can apply skills to solve real-life problems.

Intellectual Characteristic

Young adolescents respond well to opportunities for creative expression, given a supportive environment and an experiential background.

Implication

Opportunities should be provided for young people to use their imagination and to explore personal interests at appropriate levels.

Intellectual Characteristic

Young adolescents show an interest in planning many of their own learning experiences.

Implications

Flexibility is required so that student development and interests are fostered.

Opportunities should be provided for adolescents to take some responsibility for directing their own learning.

Intellectual Characteristics

Adolescents have a present as opposed to a future orientation.

Adolescents commonly perceive themselves as immortal, infertile, and invulnerable.

Implications

They may be unaware of the consequences of risk-taking behaviour.

Opportunities should be provided to affect their awareness and attitudes around issues with respect to risk-taking behaviour.

They require structure and guidance in setting clear limits that involve them in the decision-making process.

The Adolescent Learner

Social Characteristic

Young adolescents are seeking autonomy and developing an identity, first with groups, and ultimately, a sense of self in relation to the world.

Implications

They need time to reflect on the reactions they receive from others and to construct a self-image through exploration.

Opportunities should be given for decision making, personal judgement and the development of social conscience.

Self-responsibility should be encouraged.

Social Characteristics

They are grappling with ambivalent feelings of independence from and dependence on parents.

They are most sensitive to, and aware of, parental expectations and may have great difficulty accepting criticism.

Implications

There is a need to understand the dynamics of adolescent-parent relationships and to provide opportunities to enhance family and community relationships.

Social Characteristic

Young people are strongly influenced by peers and the desire for peer acceptance emerges strongly during this period.

Implications

There is a need to provide opportunities to form positive peer relationships.

Peer pressure should be used to advantage in structuring learning experiences and also in providing peer support.

Students need to feel accepted; they should experience success. The program should provide for group work to promote their developing social competence. There is a need to introduce an understanding of how positive and negative feedback affects well-being.

Social Characteristic

Adolescent values tend to resemble those of their parents more than of their peers.

Implications

The teacher should make an effort to guide students' sense of loyalty. Students should be encouraged to evaluate where their loyalties lie and why.

Positive social interaction with adults who like and respect them and who serve as role models and advisors should be fostered.

Social Characteristic

The tendency to hero worship and to seek role models is common.

Implication

Appropriate role models should be used to promote program concepts.

The Adolescent Learner

Social Characteristic

Early adolescents have difficulty in boy-girl relationships. Many are very self-conscious and uncertain in their behaviour. Boys tend to associate by preference with other boys. Girls are likely to prefer older boys to boys of their own age.

Implications

Boy-girl relationships and their implications for class and school administration should be understood by teachers and principals and considered in social interaction and grouping.

The actions of adolescents are often based on myths and misinformation. In addition, the influence of the media and the culture affect their perceptions of men, women and relationships.

Social Characteristic

In the classroom setting, they like to work in groups and seem to be more productive in groups.

Implication

Students should be taught to deal with social pressures resulting from competitions. Healthy attitudes towards competition should be encouraged. Students should be encouraged to strive for self-improvement.

Moral Characteristic

Young adolescents are moving from a morality based on convention or precept to one based on personal values. Their emerging search for values, their dawning sexual awareness, and their need for meaning in life are powerful forces operating below the surface that they present to the world.

Implications

The change to "personal" rather than "imposed" values requires the school to be aware of the values which permeate the educational system and to deal with them appropriately.

Young people should be given the opportunity to examine values and understand:

- the values held by their society and the reasons that may be advanced for them;

- the values they hold for themselves; whether they act on them in conflict with their behaviours, whether they conflict with others, etc.

Moral Characteristic

This change results in a questioning of values, cultural expectations, and religious teachings. It also results in a development of personal responsibility for one's actions; their consciences are maturing; feelings of guilt are common.

Implications

The examination of values requires that they be discussed in an open, enquiring atmosphere. Authoritarian approaches and judgemental statements should be avoided since they inhibit discussion and prevent real attitudes and misunderstandings from finding expression.

In establishing one's values, it is useful to ask, "what would one do in specific circumstances?", but the critical question which should be addressed is "what **should** one do?".

The Adolescent Learner

The “should” question implies a belief in certain enduring values. These are expressed in Christian theology, and are often generally accepted by moral people in all societies. Programs should invite consideration of such values.

The open discussion should also provide for an understanding of the fact that life is full of situations where values are in conflict. Students need time and opportunity to examine such situations and develop abilities to resolve them.

Moral Characteristic

Younger adolescents have fairly rigid standards for right and wrong. As they become older their concept of justice becomes less egocentric and mathematical. They have a heightened sense of justice and fairness.

Implications

Positive values should be developed through specific content.

They should be given opportunities to consider and resolve dilemmas of a social as well as a personal nature.

Moral Characteristic

They are beginning to value the benefits of cooperative group action and to exhibit more concern for others.

Implications

Opportunities should be provided through group work to help each other to gain a better understanding of individual differences and to develop group interaction skills.

Opportunities should be provided for students to give concrete expression to concern for others both in the school and in the whole community.

Rationale for Health Education

The following list of documents is used to provide evidence and support for a comprehensive school-based health and personal development program:

School Health Education Evaluation (SHEE), 1985

Canada's Health Promotion Survey, 1986

Canada's Health Promotion Survey, 1990: Newfoundland Profile, 1993 (Draft)

Canada's Health Attitudes and Behaviours Survey, 1986

Achieving Health for All: A Framework for Health Promotion, 1986

Canada Youth and AIDS Study: Newfoundland Report, 1988

Sexuality AIDS and Decision Making: A Study of Newfoundland Youth, 1992

The Health of Canada's Youth, 1992

School Health Education Evaluation

One of the most significant studies conducted in the area of health education is *School Health Education Evaluation Project (SHEE)* which was released in the United States in 1985. This was a series of field studies designed to evaluate four health education curricula being implemented in school districts in twenty states. The major goal of the project was to provide a scientific base for the development of a comprehensive school health program by measuring the effects of health education curricula on students, teachers and parents.

The SHEE project clearly demonstrates that a carefully designed health program is an effective means of helping young people improve their health knowledge, behaviour and attitudes. The results further indicated that the effects of school health education are directly related to the resources committed to the preparation, implementation, and delivery of the program. Other factors impinging on the success of the programs were the amount of instructional time, inservice training and preparation of teachers.

Canada's Health Promotion Survey

Another study, *Canada's Health Promotion Survey*, conducted in 1985 explored what Canadians think, feel and know about health, and how these things relate to what they do. The results of the Survey indicate the following about Canadians:

They think they are healthy.

They intend to have positive health practices but do not act on them.

Their families and friends influence their health behaviour.

Positive health habits are the social norm except among the poor, the less educated and the unemployed. It appears that poor health itself emerges as a barrier to positive health practices.

They agreed that school is an appropriate place to promote health.

Based on the findings of the survey, the following recommendations are made:

Health promotion should be multi-faceted and not overly reliant on information. It should include both policy and program initiatives.

Health promotion should look beyond individuals to the close social environment in order to enable people to make real changes.

Special efforts should be made to improve the health of the disadvantaged.

Canada's Health Promotion Survey, 1990: Newfoundland Profile

A second cycle of the *Health Promotion Survey* was conducted in 1990 by Statistics Canada and asked similar core questions to those asked in 1985. The results of the 1990 Survey indicate the following about Newfoundlanders:

The number of Newfoundlanders who consider physical activity and quitting smoking as contributors to health has increased drastically since 1985.

The percentage of Newfoundlanders who exercise daily has decreased (29% in 1985 vs. 22.9% in 1990).

The percentage of Newfoundlanders who smoke has dropped by 8% since 1985. However, Newfoundlanders continue to smoke more than the general Canadian population.

The percentage of Newfoundlanders who drink is lower than that for Canadians and has dropped slightly from 1985.

Newfoundlanders report slightly lower rates of prescription and non-prescription drugs. There is a gender differential: females use more prescription drugs whereas males use more non-prescription drugs.

About 70% of the Newfoundland population report that they never skip breakfast, compared to 62% in 1985.

About one-third of Newfoundlanders are currently trying to lose weight.

More Newfoundland women have experienced sexual intercourse before the age of twenty than their Canadian counterparts (71.7% vs. 59%) and more Newfoundland women perceive themselves as being at low or no risk for sexually transmitted diseases.

More Newfoundland men (than their Canadian counterparts) report having first intercourse before the age of 17 (53.6% vs. 40.3%). Newfoundland men's perception of risk for contracting STDs is closer to the Canadian norm than that reported by Newfoundland women. Newfoundland men, however, report a lower rate of condom usage than their Canadian counterparts (59.6% vs. 66.9%).

Newfoundlanders, as compared to Canadians generally, report less attention to environmental issues. Fewer Newfoundlanders report composting of waste and fewer perceive the impact of environmental pollution on personal health to be significant.

Newfoundlanders who reported health behaviour changes in the past 12 months most frequently cited increased knowledge of risks (76.1%), support from family and friends (52.1%), others setting a good example (42.9%) and advise/help of professionals (39.3%) as factors that assisted individuals to make behavioural changes.

Achieving Health for All: A Framework for Health Promotion

In 1986, *Achieving Health for All: A Framework for Health Promotion* became the philosophical framework which ushers in the next generation of health promotion. It identifies three mechanisms intrinsic to health promotion:

self-care

mutual aid

healthy environments

According to *Achieving Health For All*, health promotion implies a commitment to dealing with the challenges of reducing inequities, extending the scope of prevention and helping people to cope with their circumstances. It means fostering public participation, strengthening community health services and coordinating health public policy. Moreover, it means creating environments conducive to health, in which people are better able to take care of themselves, and to offer each other support in solving and managing collective health problems.

Canada Health Attitudes and Behaviours Survey

The Canada Health Attitudes and Behaviours Survey (1985), was “undertaken to stimulate efforts directed towards developing and improving health education and promotion programs”. It was designed to identify health-related attitudes and behaviours of young Canadians aged 9, 13, and 15.

The study was conducted by the Social Program Evaluation Group of Queen’s University with support from an advisory group of health educators from across Canada. It complements an earlier study, the *Canada Health Knowledge Survey*. Together the studies provide a solid base of information from which initiatives can be taken to decrease self-imposed health risk and promote healthy lifestyles.

National findings indicate that Newfoundland and Labrador ranked lowest among all provinces for all grades for the consumption of foods from the four food groups; lowest in Canada for consumption of fruits and vegetables; and lowest in Canada for milk consumption. Of all provinces, Newfoundland and Labrador had the greatest proportions of young people in Grades 7 and 10 classified as “high” in the consumption of foods high in sugar, salt and fat, and the lowest proportions classified as “high” in the consumption of foods high in fibre.

Compared with students in other provinces, Newfoundland and Labrador students were similar in percentages of overweight and underweight.

At all grade levels surveyed, Newfoundland and Labrador had one of the lowest percentages of students who attended physical education classes daily. The Province’s Grade 7s and 10s were among the young Canadians who watched television the most.

The Province had the highest proportion of young people smoking but was relatively low in comparison to other provinces with respect to the percentage of alcohol consumption. The Newfoundland and Labrador youth who drink however, tend to consume more alcohol than the average Canadian youth.

The Province's students were close to the Canadian norm for cannabis use.

In most safety items (seatbelts, pedestrians, and hitch-hiking) Newfoundlanders and Labradorians were similar to other provinces.

For most of the Province's youth, self esteem was lower than the national average, relationships with parents were similar to the national norm, but more Newfoundlanders and Labradorians felt that parents expected too much of them, and a lower proportion of the Province's young people felt understood by their parents. More of the Province's young people learned about sex from friends and they ranked lowest in Canada with regards to the role parents play in providing information about sex.

Canada Youth and AIDS Study: Newfoundland Report

In 1988 the Social Program Evaluation Group of Queen's University conducted a third study, *Canada Youth and AIDS Study*. It focused on the knowledge, attitudes, and behaviour of Canadian youth with regard to AIDS and other sexually transmitted diseases. The study, funded by the National Health Research and Development Program of Health and Welfare Canada, was undertaken in collaboration with the Federal Centre for AIDS and members of the Expert Inter-disciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth.

It was designed to assess the knowledge, attitudes, and behaviours of Canadian youth in Grades 7, 9, and 11 with respect to acquired immuno-deficiency syndrome (AIDS) and other sexually transmitted diseases (STDs): knowledge, sources of information about the disease, attitude toward people with AIDS, homosexuality, condom use, sexual permissiveness and behaviours.

The results of the Study indicate the following:

Generally speaking, the majority of Canadian youth, including those in Newfoundland and Labrador had a positive relationship with their parents. Compared with their Canadian peers, fewer of the Province's Grade 9s asked their parents for advice on serious matters and more of them agreed there were times when they would have liked to leave home.

In comparison with their Canadian counterparts, more Newfoundland and Labrador youth reported having trouble making decisions (Grade 7, 41% vs. 34%, Grade 9, 32% vs. 24%, and Grade 11, 35% vs. 27%).

Rationale

Canadian youth, overall, exhibited positive indications of mental health. On selected mental health items ("I am happy", "I often feel depressed", "I often cannot sleep worrying about things", "sometimes have thoughts about committing suicide" and "the future looks good to me"), the proportion of young people in the Province responding positively was, on the average, similar to that of other young Canadians. However, more of the Province's Grade 9s said they often could not sleep due to worrying about things.

More Newfoundland and Labrador youth than their Canadian counterparts reported feeling pressure from friends to drink alcohol (20%-25% vs. 11%-15%).

When the Province's Grade 9s and 11s drank, they were more likely than their Canadian counterparts to have had three or more drinks of alcohol at one time.

Compared with the national average a higher percentage of Newfoundland and Labrador Grade 9s and 11s reported smoking cigarettes daily (27%-32% vs. 19%-25%).

The number of Grade 7s, 9s, and 11s in the Province using cannabis (2, 12, and 18%) at least once a month was similar to those of their Canadian counterparts.

Compared with students throughout Canada, more of the Grade 7s, 9s and 11s, in Newfoundland and Labrador received information about AIDS from print materials (43%, 51% and 66%, vs. 38%, 44%, and 57%) more of the Grade 7s learned about AIDS in school (32% vs. 27%); however, fewer of the Grade 7s learned about AIDS from family (24% vs. 32%) and fewer of the Grade 11s cited school (25% vs. 31%) as a main source of AIDS information.

Grade 9s and 11s in the Province, on average, possessed less accurate information on STDs than their Canadian counterparts (43% and 51% vs. 52% and 56%). They were also among the least informed youth in Canada about the asymptomatic stage associated with many STDs and more likely to contract STDs more than once; in addition, fewer of the Province's Grade 9s knew that birth control pills do not protect a female from STDs (62% vs. 83%).

The majority of Canadian Grade 7s and even more of those in Newfoundland and Labrador had engaged in some preliminary sexual activity.

Compared with Canadian Grade 9s more of those in Newfoundland and Labrador had engaged in sexual activities such as: deep kissing, petting above the waist, petting below the waist, and sexual intercourse.

In Newfoundland and Labrador, compared with other young Canadians, more Grade 7s, 9s, and 11s learned about sex from friends and television, and fewer students mentioned family (36%, 30%, and 28% vs. 49%, 40%, and 34%) as a source of sex information. In addition, fewer of the Province's Grades 7s and 11s learned about sex from school (27% and 24% vs. 34% and 29%).

In spite of their knowledge about AIDS and STDs, Canadian youth continue to behave in ways that put them at risk.

The *Report of the Canada Youth and AIDS Survey* recommends that health programs include the following:

- information that is current, complete, clear, accurate, and explicit;
- a clear identification of the probability of becoming infected with HIV as a result of engaging in low to high risk behaviours;
- a range of sexual behaviour options including, but not limited to abstinence;
- personal skill development including training in responsible decision making and interpersonal communications;
- the engendering of compassion for people with AIDS or HIV infection and tolerance for homosexuality.

Sexuality, AIDS and Decision Making: A Study of Newfoundland Youth

In 1991 a survey entitled *Sexuality, AIDS and Decision Making: A Study of Newfoundland Youth* was conducted by the Department of Education and School of Social Work, Memorial University of Newfoundland. The intent was to determine whether any changes in knowledge, attitudes, beliefs and behaviours of the Province's adolescents had occurred since the 1988 Canada Youth and AIDS Study and to explore the characteristics of the decision-making skills and abilities of adolescents around sexuality issues.

The survey showed that Newfoundland and Labrador Grade 11 students of 1991 were better informed than they were at the time of the 1988 Canada Youth and AIDS Study, and some of their attitudes have become markedly more open and less judgemental.

The Grade 11 students of 1991 are less likely to seek parental advice than their counterparts in the 1988 study (39% vs. 33%) and their parents' opinion of them has become less important (92% vs. 86%).

Rationale

A notably higher percentage of students admit to "often feeling depressed" (33% vs. 38%) and the number of those who at some time harboured suicidal thoughts has increased even more markedly (24% vs. 30%).

Peer pressure to drink alcohol has apparently decreased (20% vs. 15%).

The school has achieved a remarkable gain in status and credibility as a source of information about AIDS (25% vs. 47%), STDs (37% vs. 56%) and sexual information (24% vs. 33%).

Persons with HIV have gained greater acceptance among Newfoundland and Labrador teens and homophobia seems to be on the decline with this age group.

Markedly fewer teens say they feel "embarrassed" to buy condoms (48% vs. 35%) and fewer interpret that having a condom in one's possession signifies a tacit agreement to have sex (66% vs. 54%).

Knowledge of AIDS and STDs, trust in government issued information, more tolerant attitudes toward persons who are gay and persons with AIDS, and less embarrassment toward condom use are significantly related with enrolment in the grade nine *Adolescence: Relationships and Sexuality* course.

With respect to decision making, *Adolescence: Relationships and Sexuality* enrollees have the ability to generate multiple behavioural options. The advice given by enrollees encourages the use of protection, saying "no" to sexual involvement, discussing courses of action with the partner and respecting the girl's decision.

In the case study section, risk of pregnancy was readily identified, whereas risk of STDs and AIDS was rarely mentioned.

Peer group approval (or the risk of incurring peer disapproval) was viewed as an important factor in students' recommending a course of action.

The Health of Canada's Youth

In 1989-90, a number of countries, including Canada, participated in a study with the primary purpose of examining the health behaviour and attitudes of young people. *The Health of Canada's Youth* is a product of this survey and was developed by Health and Welfare Canada in collaboration with Queen's University. Canadian youth are compared to youth in nine other countries. The findings are reported under specific headings:

Smoking

All countries registered an increase in the numbers of young people between age 11 and age 15 who have tried smoking. For the most part, Canadian youth maintain a median position for both males and females but by age 15 fewer Canadian boys have tried smoking than in all other countries but Scotland.

The difference in the rate of increase in smoking between Canadian boys and girls is quite pronounced; just over three times as many boys smoke at age 15 as at age 11, but almost six times as many girls do. In all the countries surveyed but Poland, one quarter or more of young girls are smoking by age 15.

Alcohol

By age 11, 76% of Canadian boys and 70% of girls have tasted alcohol. By age 15, this figure rises to 94%. In all countries the numbers rise substantially by age 15 for both genders: 33% of Canadian males and 24% of females report drinking liquor at least once a week by age 15. Only students in Wales and Scotland come close to these figures.

Sixty percent of students reported having been drunk at least once. Although the data are based on responses to a single question, and some students may tend to exaggerate, the Canadian figures are higher than the European responses.

Many Canadian youth are experimenting with alcohol at least on some occasions to the extent that they become drunk. This experimentation is occurring before the legal driving age. The implications for other risk-taking and injury-related behaviours are important.

Illicit Drug Use

NOTE: The Canadian survey included questions on illegal drug use only for 13- and 15-year-olds. Students were asked to indicate if they had taken any of a list of substances "three times or more", "once or twice" or "never".

One quarter of the Canadian 15-year-olds say they have used marijuana at least once. For solvents, cocaine, heroin, amphetamines, LSD and medical drugs, the percentage of users ranged from 2% to 10% (15-year-old boys who had taken LSD).

Rationale

Physical Activity and Leisure

While Canadian students appear to be interested and active in sports and physical activity, there is a steady decline in participation between the ages of 11 and 15. This is especially noticeable for females. Young females participate less often in physical activities than young males and also consider themselves less fit and less likely to be physically active at age 20.

Canadian girls surveyed at all three age levels spend less time watching television than Canadian boys and 15-year-olds spend less time watching television than do 11- and 13-year-olds. On average, playing computer games takes up the time of more Canadian and Swedish youth than it does for youth in any other country. Far fewer Canadian girls than boys play computer games.

Ailments and the Use of Medication

Canada ranks in the top three countries for all age groups for the incidence of headaches, stomach aches, backaches, depression, dizziness and difficulty sleeping. It is also noteworthy that more girls than boys report experiencing these ailments for all countries surveyed.

Canadian youth also seem to take more medications for these ailments than those in most other countries and more girls than boys indicate using medications to ease the symptoms of these ailments.

Relationships

Canadian youth also seem to have more difficulty talking to their parents and report more disagreements with their parents than those in other countries. For girls this is more pronounced as their age increases. The girls surveyed were more likely to say that there are times when they would like to leave home and less likely to say that they have a happy home life.

In all countries, girls are more likely than boys to say they can talk to members of the same sex about things that bother them. However, girls were also more likely than boys to say that they were lonely and Canadian youth of both sexes were most likely to say that they have felt lonely.

On most self esteem-related items, boys consistently responded more positively than girls; discrepancies were particularly evident among 13- and 15-year olds.

Correlations and Conclusions

Results of this study support the concept that health-risk behaviours are linked to each other as well as to self esteem, adjustment to school and relationships with parents and peers.

Results show that Canadian youth show marked differences between genders in their use of tobacco, participation in exercise and sport, encouragement to participate in sport, leisure activities, and their relationships with their parents.

This study affirms the association between smoking, drinking, poor diet, and infrequent exercise. Also, youth who are alienated from school because of low levels of achievement and who experience difficulties in relationships with their parents are more likely to engage in health-risk behaviours.

Young Canadians have been found to be substantially different from those in other countries with regard to some health-risk behaviours and these differences may suggest areas of concern that could be dealt with by health programs.

Commonalities in health-risk behaviours that exist across all countries have been identified and indicate a need for comprehensive, coordinated approaches.

The difficulties being experienced by Canadian youth in their relationships with parents and peers may lead to increased health risks as individual young people are either isolated or form peer groups whose norms sanction risky behaviour.

The relatively high incidence of ailments such as headaches, backaches, and difficulties sleeping may be stress-related.

The differences between male and female responses may indicate that there is less social support available to young women in Canada than to young men; this could account for the significant disparities in the levels of self esteem reported.

The development and strengthening of comprehensive health programs that employ school and community resources and that target complexes of health-risk factors are consistent with the findings of the study.

The research findings of the foregoing studies substantiate and reinforce the need for comprehensive health and personal development education for young adolescents.

Rationale

A Philosophy of Health and Personal Development Education - A Comprehensive Approach

A comprehensive school health and personal development program is recognized as an effective way to improve students' health and involves a wide range of school and community personnel working collectively to enhance the well-being of young people and to promote positive health practices. Such a program is comprised of a broad spectrum of activities and services delivered in a setting that fosters and supports health and wellness.

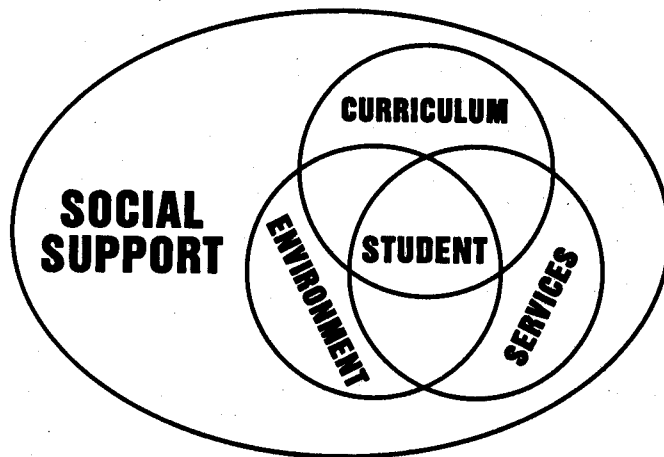
Comprehensive programs achieve their goals through:

formal and informal instruction and learning

support services

a healthy physical environment

social support from peers, families, school and community.



Program Design

Curriculum: The curriculum with its instructional strategies and learning activities involves many topics including physical, mental, emotional, and social development, nutrition, safety, substance use and abuse, human sexuality, relationships, and environmental health. A variety of teaching methodologies and learning strategies are important in addressing the needs and interests of students.

Services: Health education is more than curriculum, and should include services such as health screening, immunization, health counselling, emergency services, and curriculum support. Public health and school health professionals working with administrators, teachers and students provide valuable services and support for program goals. Other community agencies are also involved in a similar fashion.

Environment: Commitment to comprehensive school health aims to achieve a school environment that is clean, pleasant, accessible and conducive to and supportive of healthful living. In addition to attending to instruction, schools must work towards creating and maintaining a healthy school environment, as well as coordinating their efforts with those of parents and community agencies and systems that are responsible for providing health and social services to young people. Such an approach requires the development of policies and regulations related to AIDS, nutrition, smoking, quality physical education and recreation, as well as space and building design. Such policies and regulations would promote and reinforce health curricula and services.

In the words of Privitt:

You don't get healthy students by setting aside 30 minutes every other day while the teacher tells a class what it's like to be healthy. You change behaviour by establishing an environment in which certain types of behaviour flourish and other types are discouraged.

Healthful living should be an integral part of all school activities and areas of the curriculum.

Comprehensive school health and personal development initiatives should enhance the daily life and future well-being of every student.

The ultimate goal of a health and personal development program should be to influence in a positive way knowledge, attitudes, and especially behaviours leading to an enhanced quality of life for young people. It should relate directly and indirectly to every aspect of a young person's life by involving the school, home, and community. Every effort should be made to ensure that each and every young person will benefit from the health and personal development program.

Comprehensive school health and personal development education for today's young person differs considerably from knowledge-based programs of the past. Scientific and technological advances have produced a new environment encompassing different family structures, changing values, a variety of consumer products, and never-ending promises for "the good life" through the use of alcohol, tobacco, fast foods and fast cars. Conversely, there has never been more factual information available on such issues as heart disease, obesity, cancer, personal safety, automobile safety, and environmental hazards. Today's world of conflicting information and conflicting messages produces an environment in which the ability to make health-promoting choices becomes a critical educational issue.

Society in general, believes that education in the areas of health and personal development should be provided in school. Parents look to the school to deal with the "sensitive" issues with which they themselves may feel uncomfortable. A more knowledgeable public is becoming increasingly aware that provision of factual information does not necessarily lead to positive change in behaviour.

At a time in which our health care system is being taxed to the limit, health promotion has become a national priority and recommendations for comprehensive school health are included in every major health study. Similarly, health and wellness are regularly addressed in popular magazines and talk shows.

A specific, comprehensive body of knowledge is inherent in any health and personal development program. Such a program is accompanied by enabling skills which prepare students to make positive lifestyle choices. Similarly, programs may be strongly supported by a healthy school environment, and adequate health services at the school and community level.

Within the context of society's health needs, a program for schools in this Province should take into consideration:

- The developmental stages of the learner, recognizing that all are different.
- The needs and interests of young people.
- Positive and negative media influences.

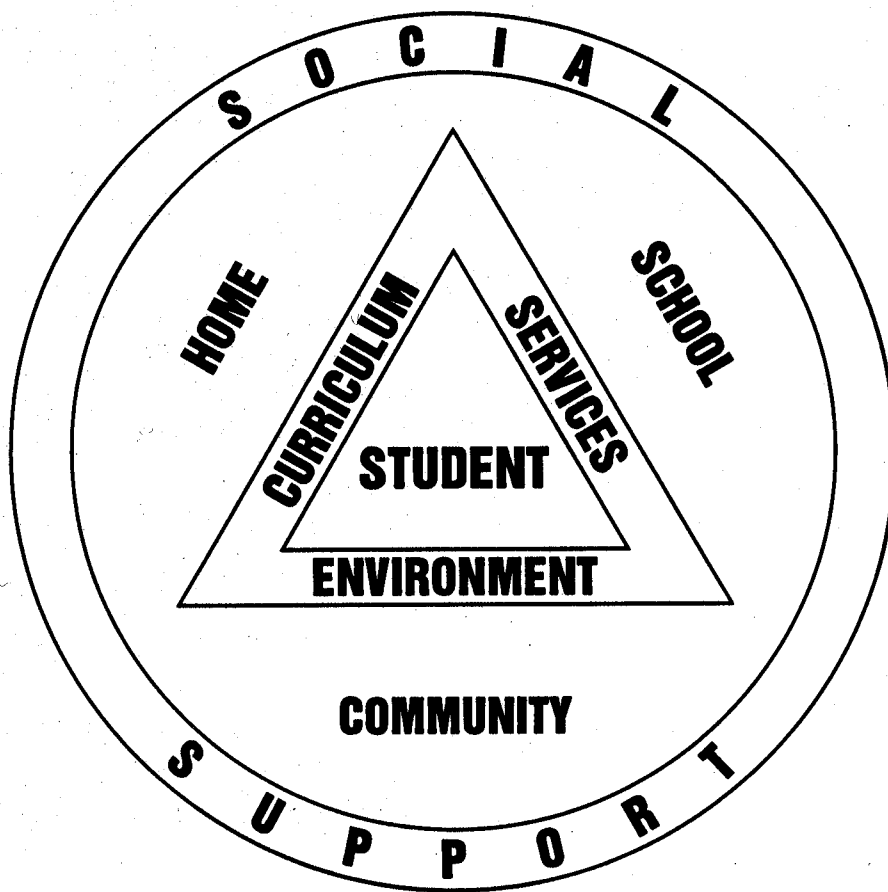
Program Design

Current research findings.

Environment and culture of the Province.

The program should be interactive and student-centred. It should foster critical and creative thinking, provide motivational support, develop decision-making abilities, promote appropriate behaviour, and develop assertiveness skills in order to promote physical, social, emotional and spiritual wellness.

Comprehensive School Health Model



This model integrates curriculum, services and the environment with home, school, and community efforts in a supportive social climate.

Goals

To foster awareness of self and others.

To promote the integration of health concepts into personal living practices.

To foster awareness of the role of school, home, and community as they relate to all aspects of health.

To develop skills and promote behaviours that enhance good health and safety.

To foster the idea of self-responsibility and capability for wellness.

To encourage sound decision making with respect to the selection and use of various sources of health information and services.

To help young people to understand the process of decision making and accept responsibility for the consequences of their decisions.

To encourage young people to examine various value systems, such as personal, familial, religious, and societal.

To provide support to the family and to enhance family relationships.

To provide a positive environment in which respect, understanding, acceptance, and caring are encouraged.

To investigate innovative means of creating culturally-relevant experiences that enhance wellness.

To encourage the development of lifelong coping skills and supports to enhance and ensure mental and physical health.

To provide educational experiences that will enable teenagers to develop a responsible attitude toward human sexuality and reproduction.

To help young people to explore various adolescent relationships.

To enhance young people's self esteem by providing educational experiences which increase their awareness of self-worth.

Major Program Outcomes

It is expected that students will comprehend as a result of participation in this program the following general concepts:

Wellness encompasses the physical, intellectual, social and spiritual aspects of a person.

Each person has to some degree the responsibility and capability for wellness.

Self-concept and values are key factors in determining how a person thinks and acts.

Effective communication is vital to successful interpersonal relationships.

There are positive and productive ways of dealing with stress and negative feelings.

Mental health involves the capacity of individuals, groups, and the environment to interact in ways that promote and contribute to wellness.

Fitness and nutrition are interconnected and have physical, emotional, and social benefits.

Drugs are powerful agents that have the ability to improve or detract from the quality of life.

Sexuality is an important aspect of who we are and is an important factor in every personal relationship.

Personal safety and first aid involves choosing practices, learning skills, and making decisions that foster the well-being of self and others.

Environmental health involves understanding the relationship between living things and their surroundings and acting in ways to keep the environment and ourselves healthy and safe.

Major Skills

This program attempts to engage students in such a way that they are not only exposed to new information and the facts, but have the opportunity to practise and develop specific skills and abilities. It is expected that activities in the program will provide young people with the opportunity to develop, practise, and gain some level of proficiency in the following:

- decision making
- distinguishing fact from opinion
- effective communication skills, including assertiveness and refusal skills
- goal setting
- coping skills
- peer support
- cooperative learning
- self-directed learning
- critical and creative thinking
- problem solving

Program Overview

The philosophy and goals of *Adolescence: Healthy Lifestyles* is realized within a thirteen unit health and personal development program in grades seven and eight, as well as a comprehensive sexuality education program in grade nine. The following overview provides unit descriptions and rationales for the program over three years:

Content, Processes, and Skills - An Overview (Grades 7 and 8)

This unit is to be used as the starting point in grade seven and as review in grade eight. An overview of the program and outline of the major goals gives students an overall picture of the elements of the course and what it entails.

The intent is to provide an opportunity to set the tone for the program and lay the groundwork for the approach to be taken in subsequent units. It introduces the major concepts and skills that will be refined and practised throughout the program as well as outline individual and group expectations.

It is important to stress that the idea of the program is not to focus primarily on content or topics, but rather to develop skills and to engage in behaviour that will help maintain or improve health. The topic areas provide the means through which healthy lifestyle skills can be discussed, debated and practised.

Emotional and Social Well-Being (Grades 7 and 8)

For many adolescents, self esteem, feelings and emotions are problematic areas. At both grade levels, this unit deals with three major concepts: self-concept, emotions, and decision making and how these contribute to emotional health and well-being.

Processes and activities in this unit will help students to consider and explore their own self-concept, what influences it and how it is formed. Young people will realize that they have to learn how to handle feelings as they are developing and maturing. Discussing and developing strategies for handling feelings helps to avoid fear, anxiety, and emotional pain. Through healthy interaction and discussion, students will be given the opportunity to set practical guidelines for expressing feelings in a positive way.

The decision-making model will be introduced as students discuss alternate courses of action and responsibility for their own attitudes and behaviour.

Human Sexuality (Grades 7 and 8)

There are many indicators in the Canada Youth and AIDS Survey which point to the need for comprehensive programming in the area of human sexuality.

The units in grades seven and eight address topics and issues that are of interest to and appropriate for early adolescents. Such topics include: understanding of own sexuality, the male and female reproductive systems, the changes that occur during puberty, expressions of sexuality, the outcomes of sexual intercourse.

Comprehensive coverage of AIDS in grade seven introduces the topic of sexually transmitted diseases at the intermediate level.

Grade eight addresses the area of sexual assault and abuse and focuses on the knowledge and skills needed by teens in terms of personal safety.

Relationships (Grades 7 and 8)

This topic is addressed extensively in the *Adolescence: Relationships and Sexuality* program and it is appropriate at this level to lay the groundwork for the more comprehensive approach to be taken later. So for the purpose of this unit, relationships will be defined as friendships, specifically with peers.

Because friendships and the influence of peers is of great concern and interest to young adolescents, it is important to discuss such issues as forming friendships, the role of family in friendships, and the influences of friendships on development, growth, and well-being.

At the grade eight level, the focus is on the skills involved in forming and maintaining friendships.

The importance of friendships as a support for nurturing relationships in times of stress, such as divorce, separation, illness, or abuse, is considered.

Drugs: Smoking and Alcohol (Grade 7)

The largest onset of smoking in Canada is among those 14 years of age and under. According to a Health and Welfare Study in 1988, there are about 500,000 young people between the ages of 13 and 19 who smoke.

Tobacco is a powerfully addictive product, as addictive as heroin and cocaine. If tobacco use can be prevented prior to age 19, it will be prevented for the vast majority of Canadians, since very few people begin smoking after age 20.

Environmental tobacco smoke is a major concern as second hand smoke is a threat to the health of those who breathe it.

The smoking habit is most often initiated during adolescence. While it is important to present the facts with respect to the effects of cigarette smoke and the use of tobacco on health, it is more important to identify and introduce effective ways to promote abstinence. This unit attempts to do this by providing young people with opportunities to practise goal setting, decision making and refusal skills.

Because alcohol is the drug of choice of many Newfoundland and Labrador youth, it is introduced as a consideration along with smoking. The focus at this level is on the effects of alcohol use, the influence of the media on drinking and personal responsibilities regarding alcohol use. More detailed treatment of the topic occurs in grade eight.

Drugs: Alcohol and Other Drugs (Grade 8)

Seventy-eight percent of Canadian adults consume alcohol, and young Canadians tend to consume more alcohol per drinking occasion than adults.

Alcohol-related problems in our society include alcoholism, addiction, decline in physical and mental health, upset in family, social and work relationships, and accidents and deaths related to drinking and driving. The extent of alcohol-related problems and the cost to the health of individuals and society in general is too vast to ignore.

Students are provided with opportunities to consider the influence of advertising on drinking habits, to examine values related to alcohol use, and to identify alternatives to drinking.

Illicit drug use in Canada includes primarily cannabis (marijuana or hashish), cocaine or crack, LSD, speed or heroin.

Licit drug use includes the use of prescription narcotics such as codeine, morphine, or demerol; sleeping pills; tranquilizers, and anti-depressants.

The problems associated with drug use are similar to those for alcohol and often include the use of alcohol.

This unit provides students with the opportunity to examine the facts, consider the factors influencing alcohol and other drug use, and the effects on health and well-being.

The development of decision-making skills, coping skills, and peer support are presented as effective means of addressing drug-related problems.

Active Living (Grade 7)

This unit aims to make students aware of the benefits of being physically fit and the overall contribution of physical activity to health. Classroom activities will help students to understand the components of fitness, to assess their own fitness needs, to set goals and to develop personal plans for maintaining or improving fitness levels.

Students will also discuss the relationship between physical activity and levels of development, and physical activity and weight control.

Nutrition (Grade 8)

Numerous studies indicate that the eating habits of many young people fall short of providing adequate nourishment. Because food provides the nutrients essential for energy, growth, and the regulation of body processes, it is an important determinant of health. Developing adolescents need the knowledge and skills that allow them to select foods that contribute to their health.

Learning activities in this unit will provide opportunities for students to learn the facts about nutrition, to apply information in analyzing their eating habits, to set goals, and make decisions with respect to improving their nutritional status.

Safety and Environmental Health (Grade 7)

Accidents occur as a result of attitudes and behaviour. Establishing and following general safety practices can significantly reduce accident potential.

This unit provides students with the opportunity to analyze behaviours and situations with respect to safety in school, at home, at work, in the water, with motorized and non-motorized vehicles, and as pedestrians.

As well, students are guided in the identification of activities and practices that pose a threat to the environment and thereby personal health. Activities encourage students to evaluate general and specific actions and to identify the kinds of changes that are required to maintain and promote environmental safety and health.

Students will have the opportunity to practise skills as well as set goals and make decisions that will enhance personal safety, the safety of others, and protection of the environment.

Adolescence: Relationships and Sexuality (Grade 9)

The program consists of the following four units:

I. Climate Building and Communication which focuses on establishing a positive classroom atmosphere and the development of interactive skills. Activities in this section serve to introduce students to the program, to practise skills such as communication, consensus-seeking, and decision-making.

II. Self-concept addresses the young person's need to develop feelings of adequacy, self-sufficiency, self-confidence, and self-worth. Students are provided opportunities to consider personal characteristics, abilities and values; to think about influences on self-concept; to practise appropriate behaviour options and ways to cope with stress.

III. Human Sexuality provides accurate information on topics related to human sexuality and concentrates on the processes for making decisions about expressing sexuality. Students are provided with opportunities to examine different attitudes, values, and behaviours in this area. Upon completion of this unit, young people will have increased knowledge about their own and others' sexuality, will be more comfortable with their own sexuality, and will be better prepared to make responsible decisions about expressions of sexuality.

IV. Interpersonal Relationships is designed to help young people understand the development of relationships with friends, with families, with groups, and in dating. Activities focus on dating customs, expectations of dating relationships, problems in dating relationships, media portrayal of families, and the rights and responsibilities of family members.

Program Design

Profile of Program

Grade 7	Grade 8	Grade 9 Adolescence: Relationships and Sexuality
Content, Processes and Skills - An Overview	Content, Processes and Skills - An Overview	Climate Building - Communications
Emotional and Social Well-Being	Emotional and Social Well-Being	Self Concept
Human Sexuality	Human Sexuality	Human Sexuality
Relationships	Relationships	Interpersonal Relationships
Drugs: Smoking and Alcohol	Drugs: Alcohol and Other Drugs	
Active Living	Nutrition	
Safety and Environmental Health		

Content, Processes, and Skills - An Overview

1. To provide an overview of the content areas addressed in the program.
2. To outline and explain the processes and skills that are basic to the program. These skills are interrelated and include the following:
 - identifying sources of information and support related to health and personal development
 - setting individual and group goals
 - communication skills (assertiveness and refusal)
 - co-operative small group learning skills
 - acquiring and evaluating information
 - the decision-making process and making informed decisions
 - taking appropriate action and dealing with the results of that action
 - providing personal and peer support
 - coping skills

NOTE: *An overview of the program and an explanation of the types of learning activities in which students will be involved is appropriate. It is not necessary to teach specific skills at this point, but rather to introduce the program and to set expectations early.*

Grade Level Objectives

Grade Seven

Emotional And Social Well-Being

1. To understand the meaning of self-concept and the factors that influence its formation.
2. To develop an understanding of the uniqueness of each individual.
3. To develop an increased awareness of individual physical and personality characteristics.
4. To recognize the influence of body image on self-concept.
5. To distinguish between self-concept and self esteem.
6. To engage in activities designed to enhance self esteem.
7. To understand how self-concept influences thoughts, feelings, and behaviours.
8. To understand the nature of feelings and the ways in which they are expressed.
9. To be aware of appropriate ways of expressing feelings.
10. To develop strategies for dealing with negative feelings.
11. To recognize sources of stress in our lives.
12. To understand that stress can be healthy or harmful.
13. To consider positive ways of dealing with stress.

Human Sexuality

1. To review the structure and function of the male and female reproductive system.

(NOTE: *This concept is introduced in growth and development units in grades 5 and 6.*)

2. To understand the role of the endocrine glands in the human reproductive system.
3. To understand the process and significance of the menstrual cycle.
4. To understand that puberty follows a predictable pattern, yet occurs at different rates for everyone.
5. To understand new feelings that accompany physical changes during puberty.
6. To develop a positive attitude and feelings about own sexuality.
7. To be aware of ways of expressing sexual feelings.
8. To understand the process of intercourse and fertilization.
9. To understand the development of the embryo from conception to birth.
10. To be aware of the common sexually transmitted diseases and how they endanger health.
11. To understand how sexually transmitted diseases are contracted.

Note: *HIV infection, in the majority of cases, has led to AIDS. Since AIDS at this time is not curable, since it is ultimately fatal, and also because it continues to carry a social stigma, it warrants specific consideration in the curriculum. In light of this, the following objectives (12-17) have been developed:*

12. To understand how HIV infection affects the immune system.
13. To be aware of how HIV infection is transmitted and not transmitted.
14. To realize how feelings about HIV infection might affect behaviour.

Grade Level Objectives

Grade Seven

15. To increase understanding of AIDS as a social and medical issue.
16. To identify responsible options and behaviour as they relate to AIDS and other sexually transmitted diseases.
17. To practise assertiveness and refusal skills as ways of coping with sexual pressures.

NOTE: *With respect to sexual expression, the opportunity should be provided to consider and discuss religious teachings and beliefs.*

Relationships

1. To identify the characteristics of a friendship.
2. To understand that new friendships may cause stress.
3. To recognize that parental concern regarding friendships is normal and a sign of caring.
4. To identify different types of social groups to which individuals belong.
5. To recognize the influence of peer groups.
6. To identify the value of time spent alone apart from a group.

Grade Level Objectives

Grade Seven

Drugs: Smoking and Alcohol

1. To understand that tobacco contains an addictive drug and other chemicals that effect health.
2. To identify reasons why people choose to smoke or not to smoke.
3. To be aware of the immediate and long-term effects of cigarette smoking, both physical, social and psychological.
4. To understand the effects of second hand and side-stream smoke.
5. To understand the influence of advertising on smoking behaviour.
6. To recognize the rights of smokers and non-smokers.
7. To use the decision-making model with regard to tobacco use.
8. To identify and practise refusal skills with regard to smoking.
9. To promote and encourage appropriate health-related practices.
10. To be aware of the laws pertaining to tobacco use.
11. To be aware of the immediate and long-term benefits of cessation.
12. To identify programs and methods used by smokers in an effort to quit smoking.

NOTE: *Because of the emphasis on smoking in previous grade levels and various initiatives by Health and Welfare Canada, some of these objectives, especially those that are knowledge-based, may serve as review. Emphasis should be placed on objectives #7-9 which focus on skill development.*

13. To realize that alcohol is a drug that effects the body and has the potential for serious harm.
14. To be aware of the various types of alcohol.
15. To consider the influence of the media on drinking.
16. To be aware of personal responsibility regarding alcohol use.

Active Living

1. To understand the meaning of physical fitness.
2. To recognize the importance of physical activity and fitness to overall health.
3. To identify the benefits of physical fitness.
4. To recognize cardiovascular and muscular endurance, strength, flexibility, and body composition as factors affecting physical fitness.
5. To develop, follow and evaluate a personal plan for active living.
6. To recognize the importance of physical activity as one of the factors in stress reduction now and throughout life.
7. To recognize the importance of physical activity throughout life.
8. To recognize and practise physical activities that are age-appropriate and matched to levels of development.
9. To understand the importance of nutrition and rest to overall fitness.
10. To understand the relationship between physical activity and weight control.
11. To be aware of associations and programs in the community that promote fitness.
12. To evaluate the various kinds of programs and equipment that promote active living and physical fitness.

NOTE: Coordination and collaboration with the Physical Education teacher would help to increase relevancy and to reinforce concepts and skills that lead to desirable behavioural outcomes and lifestyle practices.

Grade Level Objectives

Grade Seven

Safety and Environmental Health

1. To recognize the importance of a healthy attitude towards safety.
2. To be aware of unsafe practices that endanger the lives of young people and understand why these practices occur.
3. To become involved in the promotion of safety at home, in school, and in the larger community.
4. To be aware of individual responsibility with regard to safety and accident prevention.
5. To know individual capabilities and limitations with respect to safety practices and first aid.
6. To develop knowledge and skills necessary to participate safely in activities with potential risks.

***NOTE:** Teachers may choose from activities that are popular with students and within the community and that are perceived as relevant to this age group.*

7. To analyze the intent of the rules, regulations and laws related to safety practices and protection.
8. To identify practices and activities that pose a threat to the environment and the health of people.
9. To consider the kinds of changes that are necessary to protect the environment and the health of individuals.
10. To consider ways of initiating and participating in social actions that may lead to protection of the environment and the promotion of health.
11. To examine some of our own actions and identify some changes that can be made on an individual basis in relation to personal and environmental health.
12. To develop a plan of action that would result in specific decisions and actions to enhance health and protect the environment.

NOTE: First Aid and Babysitting courses involving community expertise could supplement this unit. Also, the Home Economics program for the Intermediate level has a comprehensive Child Care module that deals with babysitting and safety practices related to children. Collaboration with the home economics teacher will ensure a strong link between the two programs and will help in the transfer of skills to the family setting.

Grade Level Objectives

Grade Eight

Content, Processes and Skills - An Overview

***NOTE:** The following is a repeat of the introductory unit for grade seven and is intended for review at this grade level.*

1. To provide an overview of the content areas addressed in the program.
2. To outline and introduce the processes and skills that are basic to the program. These skills are interrelated and include the following:
 - identifying sources of information and support related to health and personal development
 - setting individual and group goals
 - communication skills (assertiveness and refusal)
 - co-operative small group learning skills
 - acquiring and evaluating information
 - the decision-making process and making informed decisions
 - taking appropriate action and dealing with the results of that action
 - providing personal and peer support
 - coping skills

***NOTE:** An overview of the program as a continuation from the previous year with an explanation of the types of learning activities in which students will be involved is appropriate. It is not necessary to teach specific skills at this point, but rather to provide an overview and make the link with the previous year's program.*

Emotional and Social Well-Being

1. To appreciate how experiences affect self-concept.
2. To identify the effects of self-concept on behaviour.
3. To understand the importance of positive support and feedback on the development of a positive self-concept.
4. To have an awareness of the factors that influence male and female roles.
5. To understand that changes in moods and feelings are natural.
6. To differentiate between appropriate and inappropriate ways of handling moods and feelings.
7. To use the decision-making process to choose alternate courses of action when dealing with feelings.
8. To accept responsibility for own attitudes and behaviours.
9. To be aware of the types of stress and how the body responds to stress.
10. To discuss ways of coping with stress and stressful situations.
11. To have an increased understanding of suicide and the role an individual can play in preventing suicide.

NOTES: *Stress management should be promoted at appropriate points throughout the program.*

Collaboration with the guidance counsellor, educational therapist or school psychologist would help to increase relevancy, reinforce skills and coordinate support services as needed and available.

Grade Level Objectives

Grade Eight

Human Sexuality

1. To explore concerns with respect to the physical and emotional changes that occur during puberty.
2. To identify some of the emotions involved in relationships with others during puberty.
3. To be aware of the factors that play a role in the development of attitudes toward sexuality.
4. To be aware of means of sexual expression.

NOTE: With respect to sexual expression, the opportunity should be provided to consider and discuss religious teachings and beliefs.

5. To understand the outcomes of sexual intercourse.
6. To understand the process of labour and birth.
7. To consider various forms of conception control, including abstinence.
8. To practise and develop self-respect and respect for others in relation to sexuality.
9. To practise responsible decision making with respect to sexual behaviour.
10. To practise communicating concerns related to sexuality with parents and others.
11. To recognize emotional and social implications of teenage pregnancy.
12. To explore concerns with respect to sexually transmitted diseases.

NOTE: Specific concerns related to HIV/AIDS can be addressed here.

13. To define sexual abuse and discuss the effects of sexual abuse and assault on mental and physical health.
14. To determine ways to reduce the incidence of sexual abuse and assault.

15. To determine and consider ways of dealing with the harmful effects of sexual abuse and assault.
16. To identify ways of protecting oneself against sexual abuse and assault.

***NOTE:** The above objectives for the unit "Human Sexuality" should adequately prepare students for **Adolescence: Relationships and Sexuality** designed for grade nine students.*

Grade Level Objectives

Grade Eight

Relationships

1. To recognize the need for communication, understanding, sensitivity and cooperation with friends.
2. To recognize the importance of building and maintaining friendships.
3. To recognize the need for developing new friendships.
4. To develop an appreciation of friendships with members of the opposite sex.
5. To recognize the role of each family member in providing for the physical, emotional, and social and spiritual needs of its individual members.
6. To develop an appreciation for different family structures and consider how to build positive relationships within these structures.
7. To consider how to cope in situations such as separation, divorce, illness and abuse which may arise within a family.

Drugs: Alcohol and Other Drugs

1. To distinguish between facts and myths with regard to the drug, alcohol.
2. To identify reasons why people choose to drink or not to drink.
3. To distinguish between responsible use of alcohol and alcohol abuse.
4. To recognize the short- and long-term effects of alcohol on health and the risks associated with alcohol abuse.
5. To be aware of the effects of alcoholism on the family.
6. To be aware of the particular risks associated with alcohol use by teens.
7. To understand the laws pertaining to alcohol use and young people.
8. To be aware of the dangers of combining alcohol and other drugs.
9. To understand social influences, including advertising, on decisions about drinking.
10. To consider personal, familial and societal values related to alcohol use.
11. To practise refusal skills with regard to drinking alcoholic beverages.
12. To identify and promote alternate activities not involving alcohol.
13. To identify sources of help and information such as Alcoholics Anonymous, Alateen, Alanon and Drug Dependency Services.
14. To identify 'other' drugs.
15. To have an appreciation of the role of drugs in our society.
16. To distinguish between prescription, non-prescription and illegal drugs.
17. To distinguish between drug use, drug misuse, and drug abuse and drug dependence.
18. To understand some of the reasons for drug misuse and drug abuse.

Grade Level Objectives

Grade Eight

19. To understand some health-related implications of drug use, misuse, abuse and dependence.
20. To be aware of the physical and psychological potential for dependence on drugs.
21. To be aware of how advertising and the media influence decisions regarding drug use.
22. To be aware of Canadian laws relating to the possession, use and sale of drugs.
23. To be aware of alternatives to drug abuse/use.
24. To consider personal, societal and familial values with respect to the use of drugs.
25. To be aware of sources of help for drug-dependent persons (see objective #13).
26. To be aware of the part that decision making plays in drug use and abuse and to practise assertiveness and refusal skills in this area.

NOTE: *If alcohol and other drugs are dealt with in combination, many of the above objectives can be merged or blended together.*

Nutrition

1. To understand the importance of nutrition and eating habits in relation to good health.
2. To identify the major classes of nutrients needed by the human body and outline their basic functions.
3. To outline the general differences in and to give examples from each of the food groups.
4. To recognize Canada's Food Guide as a useful reference in achieving and maintaining good nutritional status.
5. To explain the purposes and principles of dividing foods into the four groups of Canada's Food Guide.
6. To use Canada's Food Guide to evaluate meals, menus and personal eating habits.

NOTE: Objectives #1-6 above may serve as review and a starting point for the exploration of issues that are related to eating and nutrition and that are relevant for this age group.

7. To recognize that the diets of Newfoundlanders and Labradorians are often high in sugar, salt and fat.
8. To recognize the health-related consequences of eating habits established during adolescence and their effect on future health.
9. To recognize that there are special nutrient needs during adolescence.
10. To recognize the importance of choosing and preparing nutritious foods for meals and snacks.
11. To be aware of the increased energy needs of the athlete or those involved in strenuous physical activity.
12. To explain the relationship between physical activity, diet, and weight.
13. To define "healthy weight" and to have an understanding of cultural pressures which promote unrealistic images of desirable body shape.

Grade Level Objectives

Grade Eight

strenuous physical activity.

12. To explain the relationship between physical activity, diet, and weight.
13. To define “healthy weight” and to have an understanding of cultural pressures which promote unrealistic images of desirable body shape.
14. To outline methods or practices that are used to control weight.
15. To recognize that certain dietary practices are potentially harmful.
16. To outline sensible guidelines that will aid in reaching and maintaining a healthy weight.

NOTE: Coordination and collaboration with the Home Economics/Family Studies teacher would help to increase relevancy and to reinforce concepts and skills that lead to desirable behavioural outcomes and lifestyle practices.

Adolescence: Relationships and Sexuality

Unit I. Climate Building and Communication

1. To improve personal communication skills through classroom interaction and practise.
2. To be aware of rights and responsibilities with respect to enhancing classroom environment.
3. To demonstrate cooperation and sharing and to practise consensus-seeking.
4. To identify and demonstrate various communication patterns.
5. To develop an increased awareness of the physical aspects of communication.
6. To be able to differentiate between values and facts as well as identify and affirm some of one's own values.
7. To review and implement the decision-making process.
8. To be aware of conflict of values and how this influences decision making.

Grade Level Objectives

Grade Nine

Unit II. Self-Concept

1. To develop an increased awareness of self by engaging in activities that help you think about who you are and what is important to you.
2. To be able to define the term self-concept.
3. To learn more about themselves and others by representing and sharing different aspects of themselves.
4. To examine and consider the qualities that make a person valuable.
5. To be aware of the influence of others and the media on self-concept.
6. To become aware of effective and ineffective ways of relating to others and practise assertive behaviour.
7. To be aware of the positive and negative feedback on self-concept and practise giving positive feedback.
8. To learn and practise some ways of coping with stress. (supplementary)

Unit III. Human Sexuality

1. To identify the major changes of puberty.
2. To be able to identify male and female reproductive anatomy and physiology.
3. To be aware of the processes involved in medical examinations related to reproductive health.
4. To be aware of the different ways that people express themselves sexually.
5. To understand that attitudes about sexuality affect decisions people make about sexuality.
6. To examine various decisions made by young people about expressing their sexuality and to increase awareness of own values related to sexual expression.
7. To identify alternatives and outcomes regarding the expression of sexuality.
8. To be aware of the process of decision making and the role of values with respect to sexual expression.
9. To be aware of the responsibilities of parenthood.
10. To have an increased knowledge of birth control and be aware of where birth control knowledge can be obtained.
11. To be able to identify reasons why young people do not practise birth control.
12. To have an increased awareness of some of the ramifications of teenage pregnancy.
13. To be aware of alternatives regarding unplanned pregnancy.
14. To have increased knowledge regarding sexually transmitted diseases.

Grade Level Objectives

Grade Nine

Unit IV. Interpersonal Relationships

1. To identify characteristics of a friendship and to discuss ideas regarding the formation of friendships.
2. To become aware of methods of initiating, maintaining, and terminating friendships.
3. To identify various aspects of friendships, in particular, friendships with adults.
4. To have an increased awareness of dating practices of previous generations.
5. To develop an increased awareness of own attitudes towards dating relationships.
6. To have an increased awareness of own and other's expectations of dating relationships.
7. To become aware of the reciprocal nature of dating relationships.
8. To understand the difference between the reality of romance and the myth of romance.
9. To practise making decisions regarding some of the problems that occur in dating relationships.
10. To discuss media portrayals of the family and analyze stereotypes of the family as presented by the media.
11. To examine attitudes regarding the rights and responsibilities of family members. (supplementary)
12. To identify and compare the outcomes of passive, aggressive, and assertive behaviour in family situations. (supplementary)

Content, Processes, and Skills - An Overview

Grade 7	Grade 8 (review)	Grade 9 (Climate Building - Communications)
<ol style="list-style-type: none"> 1. To provide an overview of the content areas addressed in the program. 2. To outline and explain the processes and skills that are basic to the program. These skills are interrelated and include the following: <ul style="list-style-type: none"> - identifying sources of information and support related to health and personal development - setting individual and group goals - communication skills (assertiveness and refusal) - co-operative small group learning skills - acquiring and evaluating information - the decision-making process and making informed decisions - taking appropriate action and dealing with the results of that action - providing personal and peer support - coping skills 	<p><i>NOTE: The following is a repeat of the introductory unit for grade seven and is intended for review at this grade level.</i></p> <ol style="list-style-type: none"> 1. To provide an overview of the content areas addressed in the program. 2. To outline and introduce the processes and skills that are basic to the program. These skills are interrelated and include the following: <ul style="list-style-type: none"> - identifying sources of information and support related to health and personal development - setting individual and group goals - communication skills (assertiveness and refusal) - co-operative small group learning skills - acquiring and evaluating information - the decision-making process and making informed decisions - taking appropriate action and dealing with the results of that action 	<ol style="list-style-type: none"> 1. To improve personal communication skills through classroom interaction and practise. 2. To be aware of rights and responsibilities with respect to enhancing classroom environment. 3. To demonstrate cooperation and sharing and to practise consensus-seeking. 4. To identify and demonstrate various communication patterns. 5. To develop an increased awareness of the physical aspects of communication. 6. To be able to differentiate between values and facts as well as identify and affirm some of one's own values. 7. To review and implement the decision-making process. 8. To be aware of conflict of values and how this influences decision making.

Scope and Sequence

Content, Processes, and Skills - An Overview

Grade 7

NOTE: An overview of the program and an explanation of the types of learning activities in which students will be involved is appropriate. It is not necessary to teach specific skills at this point, but rather to introduce the program and to set expectations early.

Grade 8

- providing personal and peer support
- coping skills

NOTE: An overview of the program as a continuation from the previous year with an explanation of the types of learning activities in which students will be involved is appropriate. It is not necessary to teach specific skills at this point, but rather to provide an overview and make the link with the previous year's program.

Grade 9

Emotional And Social Well-Being

Grade 7	Grade 8	Grade 9 (Self-Concept)
1. To understand the meaning of self-concept and the factors that influence its formation.	1. To appreciate how experiences affect self-concept.	1. To develop an increased awareness of self by engaging in activities that help you think about who you are and what is important to you.
2. To develop an understanding of the uniqueness of each individual.	2. To identify the effects of self-concept on behaviour.	2. To be able to define the term self-concept.
3. To develop an increased awareness of individual physical and personality characteristics.	3. To understand the importance of positive support and feedback on the development of a positive self-concept.	3. To learn more about themselves and others by representing and sharing different aspects of themselves.
4. To recognize the influence of body image on self-concept.	4. To have an awareness of the factors that influence male and female roles.	4. To examine and consider the qualities that make a person valuable.
5. To distinguish between self-concept and self esteem.	5. To understand that changes in moods and feelings are natural.	5. To be aware of the influence of others and the media on self-concept.
6. To engage in activities designed to enhance self esteem.	6. To differentiate between appropriate and inappropriate ways of handling moods and feelings.	6. To become aware of effective and ineffective ways of relating to others and practise assertive behaviour.
7. To understand how self-concept influences thoughts, feelings, and behaviours.	7. To use the decision-making process to choose alternate courses of action when dealing with feelings.	7. To be aware of the positive and negative feedback on self-concept and practise giving positive feedback.
8. To understand the nature of feelings and the ways in which they are expressed.	8. To accept responsibility for own attitudes and behaviours.	8. To learn and practise some ways of coping with stress. (supplementary)
9. To be aware of appropriate ways of expressing feelings.	9. To be aware of the types of stress and how the body responds to stress.	
10. To develop strategies for dealing with negative feelings.	10. To discuss ways of coping with stress and stressful situations.	

Scope and Sequence

Emotional And Social Well-Being

Grade 7	Grade 8	Grade 9
<ul style="list-style-type: none">11. To recognize sources of stress in our lives.12. To understand that stress can be healthy or harmful.13. To consider positive ways of dealing with stress.	<ul style="list-style-type: none">11. To have an increased understanding of suicide and the role an individual can play in preventing suicide. <p><i>NOTES: Stress management should be promoted at appropriate points throughout the program.</i></p> <p><i>Collaboration with the guidance counsellor, educational therapist or school psychologist would help to increase relevancy, reinforce skills and coordinate support services as needed and available.</i></p>	

Human Sexuality

Grade 7

1. To review the structure and function of the male and female reproductive system.
(NOTE: introduced in growth and development units in grades 5 and 6.)
2. To understand the role of the endocrine glands in the human reproductive system.
3. To understand the process and significance of the menstrual cycle.
4. To understand that puberty follows a predictable pattern, yet occurs at different rates for everyone.
5. To understand new feelings that accompany physical changes during puberty.
6. To develop a positive attitude and feelings about own sexuality.
7. To be aware of ways of expressing sexual feelings.
8. To understand the process of intercourse and fertilization.

Grade 8

1. To explore concerns with respect to the physical and emotional changes that occur during puberty.
2. To identify some of the emotions involved in relationships with others during puberty.
3. To be aware of the factors that play a role in the development of attitudes toward sexuality.
4. To be aware of means of sexual expression.
NOTE: With respect to sexual expression, the opportunity should be provided to consider and discuss religious teachings and beliefs.
5. To understand the outcomes of sexual intercourse.
6. To understand the process of labour and birth.
7. To consider various forms of conception control, including abstinence.
8. To practise and develop self-respect and respect for others in relation to sexuality.

Grade 9

1. To identify the major changes of puberty.
2. To be able to identify male and female reproductive anatomy and physiology.
3. To be aware of the processes involved in medical examinations related to reproductive health.
4. To be aware of the different ways that people express themselves sexually.
5. To understand that attitudes about sexuality affect decisions people make about sexuality.
6. To examine various decisions made by young people about expressing their sexuality and to increase awareness of own values related to sexual expression.
7. To identify alternatives and outcomes regarding the expression of sexuality.
8. To be aware of the process of decision making and the role of values with respect to sexual expression.
9. To be aware of the responsibilities of parenthood.

Scope and Sequence

Human Sexuality

Grade 7	Grade 8	Grade 9
<p>9. To understand the development of the embryo from conception to birth.</p> <p>10. To be aware of the common sexually transmitted diseases and how they endanger health.</p> <p>11. To understand how sexually transmitted diseases are contracted.</p> <p><i>NOTE: HIV infection, in the majority of cases, has led to AIDS. Since AIDS at this time is not curable, since it is ultimately fatal, and also because it continues to carry a social stigma, it warrants specific consideration in the curriculum. In light of this, the following objectives have been developed.</i></p> <p>12. To understand how HIV infection affects the immune system.</p> <p>13. To be aware of how HIV infection is transmitted and not transmitted.</p> <p>14. To realize how feelings about HIV infection might affect behaviour.</p> <p>15. To increase understanding of AIDS as a social and medical issue.</p>	<p>9. To practise responsible decision making with respect to sexual behaviour.</p> <p>10. To practise communicating concerns related to sexuality with parents and others.</p> <p>11. To recognize emotional and social implications of teenage pregnancy.</p> <p>12. To explore concerns with respect to sexually transmitted diseases.</p> <p><i>NOTE: Specific concerns related to HIV/AIDS can be addressed here.</i></p> <p>13. To define sexual abuse and discuss the effects of sexual abuse and assault on mental and physical health.</p> <p>14. To determine ways to reduce the incidence of sexual abuse and assault.</p>	<p>10. To have an increased knowledge of birth control and be aware of where birth control knowledge can be obtained.</p> <p>11. To be able to identify reasons why young people do not practise birth control.</p> <p>12. To have an increased awareness of some of the ramifications of teenage pregnancy.</p> <p>13. To be aware of alternatives regarding unplanned pregnancy.</p> <p>14. To have increased knowledge regarding sexually transmitted diseases.</p>

Human Sexuality

Grade 7

Grade 8

Grade 9

16. To identify responsible options and behaviour as they relate to AIDS and other sexually transmitted diseases.

17. To practise assertiveness and refusal skills as ways of coping with sexual pressures.

NOTE: With respect to sexual expression, the opportunity should be provided to consider and discuss religious teachings and beliefs.

15. To determine and consider ways of dealing with the harmful effects of sexual abuse and assault.

16. To identify ways of protecting oneself against sexual abuse and assault.

NOTE: The above objectives for the unit "Human Sexuality" should adequately prepare students for Adolescence: Relationships and Sexuality designed for grade nine students.

Scope and Sequence

Relationships

Grade 7	Grade 8	Grade 9 (Interpersonal Relationships)
<ol style="list-style-type: none"> 1. To identify the characteristics of a friendship. 2. To understand that new friendships may cause stress. 3. To recognize that parental concern regarding friendships is normal and a sign of caring. 4. To identify different types of social groups to which individuals belong. 5. To recognize the influence of peer groups. 6. To identify the value of time spent alone apart from a group. 	<ol style="list-style-type: none"> 1. To recognize the need for communication, understanding, sensitivity and cooperation with friends. 2. To recognize the importance of building and maintaining friendships. 3. To recognize the need for developing new friendships. 4. To develop an appreciation of friendships with members of the opposite sex. 5. To recognize the role of each family member in providing for the physical, emotional, and social and spiritual needs of its individual members. 6. To develop an appreciation for different family structures and consider how to build positive relationships within these structures. 7. To consider how to cope in situations such as separation, divorce, illness and abuse which may arise within a family. 	<ol style="list-style-type: none"> 1. To identify characteristics of a friendship and to discuss ideas regarding the formation of friendships. 2. To become aware of methods of initiating, maintaining, and terminating friendships. 3. To identify various aspects of friendships, in particular, friendships with adults. 4. To have an increased awareness of dating practices of previous generations. 5. To develop an increased awareness of own attitudes towards dating relationships. 6. To have an increased awareness of own and other's expectations of dating relationships. 7. To become aware of the reciprocal nature of dating relationships. 8. To understand the difference between the reality of romance and the myth of romance. 9. To practise making decisions regarding some of the problems that occur in dating relationships.

Relationships**Grade 7****Grade 8****Grade 9**

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10. To discuss media portrayals of the family and analyze stereotypes of the family as presented by the media.
 11. To examine attitudes regarding the rights and responsibilities of family members. (supplementary)
 12. To identify and compare the outcomes of passive, aggressive, and assertive behaviour in family situations. (supplementary)

Scope and Sequence

Drugs: Smoking and Alcohol

Grade 7

Grade 8

Grade 9

1. To understand that tobacco contains an addictive drug and other chemicals that effect health.
2. To identify reasons why people choose to smoke or not to smoke.
3. To be aware of the immediate and long-term effects of cigarette smoking, both physical, social and psychological.
4. To understand the effects of second hand and side-stream smoke.
5. To understand the influence of advertising on smoking behaviour.
6. To recognize the rights of smokers and non-smokers.
7. To use the decision-making model with regard to tobacco use.
8. To identify and practise refusal skills with regard to smoking.
9. To promote and encourage appropriate health-related practices.
10. To be aware of the laws pertaining to tobacco use.

Drugs: Smoking and Alcohol**Grade 7****Grade 8****Grade 9**

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11. To be aware of the immediate and long-term benefits of cessation.
 12. To identify programs and methods used by smokers in an effort to quit smoking.

NOTE: Because of the emphasis on smoking in previous grade levels and various initiatives by Health and Welfare Canada, some of these objectives, especially those that are knowledge-based, may serve as review. Emphasis should be placed on objectives #7-9 which focus on skill development.

13. To realize that alcohol is a drug that effects the body and has the potential for serious harm.
14. To be aware of the various types of alcohol.
15. To consider the influence of the media on drinking.
16. To be aware of personal responsibility regarding alcohol use.

Scope and Sequence

Drugs: Alcohol and Other Drugs

Grade 7

Grade 8

Grade 9

1. To distinguish between facts and myths with regard to the drug, alcohol.
2. To identify reasons why people choose to drink or not to drink.
3. To distinguish between responsible use of alcohol and alcohol abuse.
4. To recognize the short- and long-term effects of alcohol on health and the risks associated with alcohol abuse.
5. To be aware of the effects of alcoholism on the family.
6. To be aware of the particular risks associated with alcohol use by teens.
7. To understand the laws pertaining to alcohol use and young people.
8. To be aware of the dangers of combining alcohol and other drugs.
9. To understand social influences, including advertising, on decisions about drinking.
10. To consider personal, familial and societal values related to alcohol use.

Drugs: Alcohol and Other Drugs**Grade 7****Grade 8****Grade 9**

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11. To practise refusal skills with regard to drinking alcoholic beverages.
 12. To identify and promote alternate activities not involving alcohol (include idea of Safe Grad).
 13. To identify sources of help and information such as Alcoholics Anonymous, Alateen, Alanon and Drug Dependency Services.
 14. To identify 'other' drugs.
 15. To have an appreciation of the role of drugs in our society.
 16. To distinguish between prescription, non-prescription and illegal drugs.
 17. To distinguish between drug use, drug misuse, drug abuse and drug dependence.
 18. To understand some of the reasons for drug misuse and drug abuse.
 19. To understand some health-related implications of drug use, misuse, abuse and dependence.

Scope and Sequence

Drugs: Alcohol and Other Drugs

Grade 7

Grade 8

Grade 9

20. To be aware of the physical and psychological potential for dependence on drugs.
21. To be aware of how advertising and the media influence decisions regarding drug use.
22. To be aware of Canadian laws relating to the possession, use and sale of drugs.
23. To be aware of alternatives to drug abuse/ use.
24. To consider personal, societal and familial values with respect to the use of drugs.
25. To be aware of sources of help for drug-dependent persons (see objective #13).
26. To be aware of the part that decision making plays in drug use and abuse and to practise assertiveness and refusal skill in this area.

NOTE: *If alcohol and other drugs are dealt with in combination, many of the above objectives can be merged or blended together.*

Active Living

Grade 7

Grade 8

Grade 9

1. To understand the meaning of physical fitness.
2. To recognize the importance of physical activity and fitness to overall health.
3. To identify the benefits of physical fitness.
4. To recognize cardiovascular and muscular endurance, strength, flexibility, and body composition as factors affecting physical fitness.
5. To develop, follow and evaluate a personal plan for active living.
6. To recognize the importance of physical activity as one of the factors in stress reduction now and throughout life.
7. To recognize the importance of physical activity throughout life.
8. To recognize and practise physical activities that are age appropriate and matched to levels of development.
9. To understand the importance of nutrition and rest to overall fitness.

Scope and Sequence

Active Living

Grade 7

Grade 8

Grade 9

10. To understand the relationship between physical activity and weight control.
11. To be aware of associations and programs in the community that promote fitness.
12. To evaluate the various kinds of programs and equipment that promote active living and physical fitness.

***NOTE:** Coordination and collaboration with the Physical Education teacher would help to increase relevancy and to reinforce concepts and skills that lead to desirable behavioural outcomes and lifestyle practices.*

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1. To understand the importance of nutrition and eating habits in relation to good health.
 2. To identify the major classes of nutrients needed by the human body and outline their basic functions.
 3. To outline the general differences in and to give examples from each of the food groups.
 4. To recognize Canada's Food Guide as a useful reference in achieving and maintaining good nutritional status.
 5. To explain the purposes and principles of dividing foods into the four groups of Canada's Food Guide.
 6. To use Canada's Food Guide to evaluate meals, menus and personal eating habits.

***NOTE:** Objectives #1-6 above may serve as review and a starting point for the exploration of issues that are related to eating and nutrition and that are relevant for this age group.*

Scope and Sequence

Nutrition

Grade 7

Grade 8

Grade 9

7. To recognize that the diets of Newfoundlanders and Labradorians are often high in sugar, salt and fat.
8. To recognize the health-related consequences of eating habits established during adolescence and their effect on future health.
9. To recognize that there are special nutrient needs during adolescence.
10. To recognize the importance of choosing and preparing nutritious foods for meals and snacks.
11. To be aware of the increased energy needs of the athlete or those involved in strenuous physical activity.
12. To explain the relationship between physical activity, diet, and weight.
13. To define "healthy weight" and to have an understanding of cultural pressures which promote unrealistic images of desirable body shape.
14. To outline methods or practices that are used to control weight.

Nutrition**Grade 7****Grade 8****Grade 9**

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15. To recognize that certain dietary practices are potentially harmful.
 16. To outline sensible guidelines that will aid in reaching and maintaining a healthy weight.

***NOTE:** Coordination and collaboration with the Home Economics/Family Studies teacher would help to increase relevancy and to reinforce concepts and skills that lead to desirable behavioural outcomes and lifestyle practices.*

Scope and Sequence

Safety and Environmental Health

Grade 7

Grade 8

Grade 9

1. To recognize the importance of a healthy attitude towards safety.
2. To be aware of unsafe practices that endanger the lives of young people and understand why these practices occur.
3. To become involved in the promotion of safety at home, in school, and in the larger community.
4. To be aware of individual responsibility with regard to safety and accident prevention.
5. To know individual capabilities and limitations with respect to safety practices and first aid.
6. To develop knowledge and skills necessary to participate safely in activities with potential risks.

NOTE: Teachers may choose from activities that are popular with students and within the community and that are perceived as relevant to this age group.

7. To analyze the intent of the rules, regulations and laws related to safety practices and protection.

Safety and Environmental Health

Grade 7

Grade 8

Grade 9

-
8. To identify practices and activities that pose a threat to the environment and the health of people.
 9. To consider the kinds of changes that are necessary to protect the environment and the health of individuals.
 10. To consider ways of initiating and participating in social actions that may lead to protection of the environment and the promotion of health.
 11. To examine some of our own actions and identify some changes that can be made on an individual basis in relation to personal and environmental health.
 12. To develop a plan of action that would result in specific decisions and actions to enhance health and protect the environment.

NOTE: First Aid and Babysitting courses involving community expertise could supplement this unit. Also, the Home Economics program for the Intermediate level has a comprehensive Child Care module that deals with babysitting and safety practices related to children.

Scope and Sequence

Safety and Environmental Health

Grade 7

Grade 8

Grade 9

Collaboration with the home economics teacher will ensure a strong link between the two programs and will help in the transfer of skills to the family setting.

General Statements About Teaching and Learning Strategies

Classroom teachers are responsible for all students. Students in a class represent a wide range of abilities, interests, and needs. Students bring to each learning situation assorted intellectual, social, emotional, and physical qualities. Facilitating learning for such diversity requires a variety of instructional and organizational approaches.

A number of students will require support to meet the objectives of the prescribed curriculum. This support may be in the form of changes in teaching strategies, approaches or materials and may require the support of resource and/or special education teachers. For students who require alternate or modified curriculum objectives, individualized program planning may be necessary (see the Special Education Policy Manual).

Because the program aims ultimately to affect young peoples' behaviour and have them assume a positive approach to health and wellness, students should be encouraged to take responsibility for promoting their own health. It should be recognized that students do not always exhibit the emotional and social maturity associated with their level of cognitive development. The teacher will need to recognize discrepancies in levels of development and to accommodate any inconsistencies or difficulties which may occur. Classroom activities should foster the development of skills necessary for healthful living, including responsible decision making, problem solving, communication, coping and refusal skills.

Some of the learning strategies that could be incorporated into a comprehensive approach include co-operative small group learning, scenarios, role playing, behavioural rehearsal, peer education, and parent involvement. Consideration should be given to allowing students to plan some of their own learning experiences. They could, for example, be given the opportunity to identify topics or areas for further study.

Students should be given the opportunity for self-assessment and be encouraged to evaluate their habits, attitudes, and behaviours with respect to personal health and well-being. This can be accomplished through real-life activities or simulations in which students can become involved in a meaningful way.

Activities such as recording eating habits and designing a plan for healthy eating, taking a classmate's pulse, and analyzing advertisements for obvious and hidden messages, help young people apply their understanding of concepts to everyday situations and occurrences.

Encouraging students to become involved in learning more about topics and issues outside the classroom helps to bridge the gap between the home, school and community. Activities that promote the interaction of students with parents, teachers, and other professionals in the community improves communication, enhances cooperation, and helps students understand connections.

Creating A Supportive Learning Environment

With respect to health and personal development education, the classroom and the school should support the goals of the program. The environment should be safe, clean and accessible. School and district policies and practices should reinforce instruction. For example, nutrition programs operating in collaboration with those providing food services to the school should support health education at the classroom level. If school environments conducive to healthy living do not presently exist, it would be appropriate to engage in some active programming aimed at putting policies and practices in place to support comprehensive health education.

Classroom climate should support and promote learning, encourage positive attitudes and behaviours, and provide opportunities for students to apply and practise skills. In an atmosphere of trust and support, students will feel free to express their opinions and test their ideas. Fostering this climate is not solely the responsibility of the teacher, but also that of students in the class. This can be discussed with the class in terms of the rights and responsibilities of individual class members and the group as a whole. It is important that students understand that the success of the program rests partly with them and their understanding of what is expected of them.

Everyone needs emotional support. Students should be encouraged to provide emotional support for each other. One way to do this is to help students to acknowledge their feelings and to communicate attitudes of caring and respect for each others' feelings.

The sections *Handling Sensitive Issues* and *Confidentiality* provide additional suggestions with respect to creating a supportive environment.

Handling Sensitive Issues

The handling of sensitive issues in the classroom may determine to a great extent the success of a program. How close teacher and students come to achieving program goals, as well as the degree of support for the program from parents, students, and administrators, may hinge on this element.

As a teacher, it is impossible not to present some kind of value system. There are certain values which should be demonstrated and promoted in every classroom situation. They are:

RESPECT - for ourselves and for each other as valuable, worthwhile human beings;

RESPONSIBILITY - to ourselves and to others to learn and grow to our full potential;

REASON - to base personal decisions on all available information; that a decision based on accurate knowledge will be better than one based on ignorance.

It is the teacher's responsibility to provide an opportunity for the student to acquire accurate information, to reflect on his or her own values through personal introspection and discussion, and to encourage respect for one-self and others. Values are not imposed on students by the teacher, nor is any other person in the class encouraged to impose his or her values on anyone else. A value issue can be dealt with in the following manner:

defining the meaning so the topic is understood;

presenting and examining factual information pertaining to the topic;

facilitating discussion while ensuring individual rights of personal privacy and respect;

facilitating an examination of the consequences of alternative courses of action;

reiterating that each person has a right to her or his own opinion.

(from: *Adolescence: Relationships and Sexuality*)

Meaningful, honest discussions occur in a non-judgmental atmosphere. Teacher responses should be directed to the process rather than the content. Students who present opposing viewpoints should receive equal recognition and reinforcement for their contributions. Viewpoints not represented in class discussion could be presented by the teacher for consideration by the class. This approach would ensure that issues are explored thoroughly and a variety of positions are considered.

The examination and questioning of values, cultural expectations and religious teachings should be done in an open, enquiring atmosphere. It is important that young people be given the opportunity to consider those values that are expressed in Christian as well as non-Christian theology and that are often generally accepted by moral people in all societies. This approach engenders within young people a tolerance and understanding for others and further develops their abilities to understand and resolve personal conflicts.

No individual, including the teacher, should be pressured into contributing a response on an issue with which he or she may feel uncomfortable, and should feel free and supported in declining comment. The right to pass in responding to personal questions should be respected.

In establishing a supportive classroom climate, it is important that students are clear about what approaches will be used by the teacher in handling sensitive issues. These approaches should be presented to students at the onset of the program and general guidelines for class conduct should be outlined.

Specific strategies that may be used to deal with explicit street language, gestures and/or jokes, personal or explicit questions or behaviours considered to be inappropriate include:

- correcting inappropriate language using correct terminology while at the same time being non-judgemental;

- responding to difficult situations assertively. This may mean interrupting students, identifying an inappropriate behaviour, bringing closure and redirecting the class;

- using a degree of discretion keeping in mind the objectives of the program. If it is perceived that students are not at risk by declining a response on an issue or question it would be advisable to do so.

Confidentiality

In establishing a positive classroom atmosphere, the element of trust is crucial to building sound relationships. A key factor in building relationships with trust is maintaining confidentiality.

The teacher should discuss the issue of privacy and confidentiality with students early in the program. Throughout the year, students should be reminded from time to time of the need to respect the rights of others and to keep class discussions related to matters that might affect their own and others sense of self-worth confidential.

The following guidelines may assist with maintaining confidentiality:

Concerns and issues raised by students through journal writings or use of the question box should remain confidential, thereby respecting the rights of students to privacy and free expression. They should not be shared with other teachers or outside agencies. An exception to this would be in the case of a student who is a ward of the Director of Child Welfare. If a youth, for example, expresses suicidal thoughts, the Director must be informed.

When students confide in teachers, teachers should provide factual information if required and assist students in dealing with concerns or problems. If the student requires more help and expertise than can be provided by the teacher, the teacher should talk to the student and suggest the involvement of a third party, such as a guidance counsellor. It is not appropriate to break the bond of confidentiality without the consent of the student. **In contradiction to the above and in extreme cases, confidentiality must be weighed in the balance when the welfare of the student or others is in jeopardy.** For example, should a student threaten suicide, harm to self or others, confidentiality must be broken. (For further information and direction refer to *Understanding Depression and Suicide*, Student Booklet, and *Teens in Crisis: Suicide Prevention*, Division of Student Support Services, Department of Education).

The teacher must be aware of his or her legal responsibility to report suspected incidence of physical and /or sexual child abuse. (Child Welfare Act: Section 38)

- 38.(1) *Where a person has information that a child has been, is or may be in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment or has been, is or may be otherwise in need of protection, the person shall immediately report the matter to the director, a social worker or a peace officer.*

- (2) *Where a person makes a report under subsection (1), the person shall report all the information in his or her possession.*
- (3) *Where a report is made to a peace officer under subsection (1), the peace officer shall, as soon as possible after receiving the report, inform the director or a social worker.*
- (4) *This section applies, notwithstanding the provisions of another act, to a person referred to in subsection (5) who, in the course of his or her professional duties has reasonable grounds to suspect that a child has been, is or may be in danger of abandonment, desertion, neglect, physical, sexual or emotional ill-treatment, or has been, is or may be otherwise in need of protection.*
- (5) *Subsection (4) applies to every person who performs professional or official duties with respect to a child, including,*
 - (a) *a health care professional;*
 - (b) *a teacher, school principal, social worker, family counsellor, member of the clergy, rabbi, operator or employee of a day care centre and a youth and recreation worker;*
 - (c) *a peace officer; and*
 - (d) *a solicitor.*
- (6) *This section applies notwithstanding that the information is confidential or privileged, and an action does not lie against the informant unless the making of the report is done maliciously or without reasonable cause.*
- (7) *A person shall not interfere with or harass a person who gives information under this section.*
- (8) *A person who contravenes this section is guilty of an offence and is liable on summary conviction, to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 6 months or to both a fine and imprisonment.*
- (9) *Notwithstanding section 8 of the Summary Proceedings Act, an information or complaint under this section may be laid or made within 3 years from the day when the contravention occurred.*

(Also refer to the Department of Education Policy entitled Provincial Policy and Guidelines on Child Abuse.)

Personal and Social Skill Development

The personal and social skills that form the basis for this health promotion program are goal setting, decision making, communications (including assertiveness and refusal skills) and stress management. Teaching these skills, incorporating them into all units of the program and providing students with the opportunity to practise them should be the primary focus of this program.

Decision-making skills allow students to set reasonable goals and to solve problems. The process of actively selecting from two or more alternatives and acting on choices is key to affecting positive behaviour change. Helping students examine how they make decisions and guiding them in the process of making thoughtful decisions is the cornerstone of this program. Strong decision-making skills increase students' sense of control and enhance feelings of self esteem and self-efficacy.

Though it is a skill that can be learned and a process that is highly rational and structured, most decision making is affected by emotions. For adolescents, issues related to sexuality, drugs, alcohol, and peer pressure are often emotionally charged.

Because most adolescents' decisions related to health issues are grounded in the here and now as opposed to consideration of the long-term consequences of their actions, it is important to help them develop goal-setting skills. They should be provided with the opportunity to set short- and long-term goals and identify the steps necessary to achieve their goals.

Developing and maintaining successful interpersonal relationships requires a wide range of communication skills. These include listening to others, expressing thoughts and feelings, body language, agreeing and disagreeing with others and initiating conversations. *Assertiveness skills* help students to express their ideas and thoughts without being hurtful or offensive to others. Activities such as role playing can help students to express their thoughts and feelings openly and honestly while at the same time acknowledging the feelings of others. *Refusal skills* help students to say no in a way that will not jeopardize relationships with peers or family members. Refusal skills can also help young people to avoid potentially harmful or dangerous situations. Developing and rehearsing positions in advance will help young people prepare for real situations requiring an assertive response.

Stressful situations at school, home or with peers often lead students to make unhealthy and inappropriate choices. Activities that help students to identify stresses, to learn positive coping strategies and to build support networks will in turn form the basis of stress-management skills for use throughout life.

Illustrating and discussing each of the above skills is critical. It is important to outline the steps in each skill so that students have a clear understanding of how to use it. Keep activities simple at first so that students can learn each skill-building step. Modelling the skill is an effective way to demonstrate the components. Once students have a clear understanding of the steps and the components, they can then practise through behavioural rehearsal in role plays or case studies. Students should be given the opportunity to practise and rehearse in non-threatening situations where they feel comfortable and confident.

Continuous reinforcement and feedback is essential to proper skill development. Students, as well as the teacher, can be involved in observing and reporting on student performance and progress. When students demonstrate a skill in a social setting outside of the structured learning activity, acknowledgement by the teacher is a type of reinforcement that helps students realize that they are making progress and that they can actually apply the skill in everyday situations.

Promoting and utilizing the support of peers throughout this program cannot be overstated. The influence of peers is strong for adolescents and any opportunity to generate positive peer involvement is encouraged. This can be done through the assistance of natural peer leaders in classroom group work or through the help of peer counsellors trained at the high school level. Peers helping peers results in a strong social support system that can lead to positive behavioural outcomes.

Co-operative Small Group Learning

Co-operative small group learning is an approach to organizing classroom activity so that students can interact and learn from each other as well as from those around them. It is a method that has been extensively researched and used with great success. It is an approach that prepares students to meet the increasing need for cooperation, collaboration, and partnership formation in responding to issues in society. As a learning strategy it is appropriate for this program where the sharing of experiences is useful in self-understanding and where cooperation is vital to problem solving and dealing with social concerns.

The teacher's role in co-operative small group learning is primarily that of facilitator in guiding students as social groups and learning teams as they identify problems, study alternatives and make choices.

Students need to be prepared for their roles as group members and different types of students need to learn how they can best contribute to the group. As well, students learn how to enable each other to make valuable contributions as group members. The teacher should stress the importance of communication skill development and of sharing materials. Concentrating on one or two skills of co-operative small group learning at a time will enhance the process, though it may seem inefficient and slow at first. Initially, it will be important to take time to introduce and lay the groundwork for productive group work and spend some time discussing the actual process to determine what contributes to success and what does not.

Glasser (1986) suggests assigning specific roles to students as they participate in group work. Each role encompasses specific skills which are practised and then discussed by the group. Until they become part of the group's way of operating, the teacher needs to keep process skills in the forefront and not allow them to be superseded by the academic task. Eventually co-operative skills such as listening, sharing and supporting, and the academic task will work together to facilitate intellectual, emotional, and social growth.

The effectiveness of any group depends not only on the use of good group discussion skills, but also on positive approaches to conflict and disagreement. In this respect, it is imperative that students understand that positive actions and attitudes elicit similar responses from others; that cooperation is constructive and competition is destructive to the group's task.

Evaluative studies of co-operative group work have demonstrated an increase in student self esteem, an improvement in independent learning and responsible work habits as well as academic achievement. Working in democratic, co-operative learning groups can contribute to students' ability to ask questions, to think critically and creatively, and to demonstrate responsible behaviours.

Co-operative small group work is encouraged throughout this program as a way of engaging young people in the learning process and as a way of promoting personal and social responsibility for health and wellness.

A final word on co-operative small group learning: its principles and elements are straightforward and easy to understand, but are among the most difficult to implement. Training in this area is recommended for effective and efficient use of the method. (See *Resources* section for sources of information on Co-operative Small Group Learning.)

Resource-Based Learning

The concept of resource-based learning is not new; yet the term is relatively new. It is part of an overall educational philosophy that many educators have used for years. It is the philosophy and practice of employing human and material resources to the fullest extent possible in the design of learning experiences that are varied and that meet the needs of all students. However, it is now necessary because of an explosion of information in all areas and because of the increased means of accessing and formatting information to rethink the use of resources that are available and necessary for quality education.

A number of resource-based learning models can be used to incorporate strategies and skills into student learning activities. Three of these models are: the SUCCEED Model, The EFFECTIVE Model, and the Cooperative Model for Planning and Teaching (see *Learning To Learn: Policies and Guidelines for the Implementation of Resource-Based Learning in Newfoundland and Labrador Schools*, p.5-16).

Resource-based learning requires the use of a wide range of resources. With respect to health and personal development, there are many resources available in each of the content areas (see *Resources* section for more detail). The primary student resource is to be used in conjunction with the objectives of the program where appropriate. It can also be used as a starting point or a supplement in the whole learning process.

To facilitate the flow of resources and sharing with other curriculum areas and across grade levels, housing the collection in a central area within the school or school district is advisable.

Other resources that impinge on resource-based learning and which need to be mentioned are time and finances. Resource collections are often dependant on funds available to obtain and maintain current and relevant collections. Additionally, time to access and use resources may be limited. These factors play a role in determining the types of learning experiences that can be planned for young people.

For the implementation of this program, resources within the community, both material and human, are varied and considerable. Many agencies and groups share the same interests and concerns as educators regarding the health and well-being of young people. The challenge becomes that of establishing and fostering the types of partnerships required to access and use resources wisely.

Interdisciplinary Approaches

Interdisciplinary approaches can be organized in several different ways and can involve various degrees of curriculum integration. According to Var (1987), it can include a single teacher or a group of teachers and a correlated, fused, or core approach to curriculum.

The correlated approach involves cooperative planning among teachers. The home economics teacher may schedule the planning and preparation of nutritious snacks to coincide with a discussion in health of the importance of choosing and preparing nutritious foods for meals and snacks. The language teacher may use a story addressing the expression of feelings while the health teacher works with students in developing strategies for dealing with negative feelings. This parallel teaching of different subject areas requires communication among teachers and the willingness to adjust the sequence in one subject area to fit the sequence in another. Correlation does not require the deletion of content or skills and has the benefit of reinforcing learning and demonstrating to students how various subjects relate to each other.

If the health teacher is also the religion and/or family life teacher, common elements of these courses could be blended or fused together. This can also be done with health and other subject areas as well. Units may be organized around themes or through the melding of similar objectives. This kind of planning helps to avoid direct duplication and can expose gaps that need to be filled. Because this approach can involve considerable modification in course sequence, it requires careful planning.

A third interdisciplinary approach is referred to as core or integrated instruction and involves bringing the content from any subject area to bear on the issues being studied or the problem being addressed. The example outlined by Vars in *Interdisciplinary Teaching in the Middle Grades* (1987) is appropriate for and applicable to this program. He describes how a teacher develops a core unit around helping students come to terms with a real concern - their changing bodies. Not only health, but science, literature, social studies, guidance, the arts, and physical education concepts are woven into a study that looks at biological changes during puberty, how interpersonal relationships change during adolescence, how authors, songwriters, dancers and visual artists depict adolescence, how young people deal with their feelings, and how body changes affect athletic performance. Var says that in organizing and planning a unit of this nature, the teacher becomes a *broker of learning experiences* who draws upon the knowledge and

skills of other teachers and guidance personnel, as well as community members such as public health nurses, physicians, artists, writers and parents. Students, as active participants, can become involved as contributors of information or as seekers of reliable sources of information, so that the study is truly a cooperative effort.

An interdisciplinary or integrative approach can be used to address concepts that are common to other areas of the curriculum. It involves teachers working together to coordinate efforts. It may entail teachers from two or more subject areas reviewing their goals and objectives for a grade level and subjects and identifying commonalities. Planning for learning activities can ensure appropriate sequencing, avoid duplication and engender reinforcement and supplementation. This type of collaboration helps students to see the connections among the subject areas and promotes the sharing, not only of resources but also of ideas.

Units can be organized around a theme with a variety of activities being carried out by small groups with culminating activities that help students bring various elements together and share their findings or follow through on an action project.

This approach to organizing instruction and learning, very much suited to program delivery in a multi-grade setting, is also appropriate in large school settings. Interdisciplinary instruction demonstrates the interconnectedness of concepts and lends coherence. It also has the power to motivate students, to help teachers deal with an overcrowded curriculum and to foster collaboration among educators.

Role of School District Personnel

School district personnel are the key link between the Department of Education and the school. They are the primary facilitators in the implementation of the program. It is through their efforts that the school receives assistance and support in the delivery of programs. Because comprehensive school health involves health services, the local community and the school environment, school district personnel can assist by facilitating the collaboration, consultation and networking that needs to occur for effective implementation. For remote and/or small rural schools not having access to a full-range of services, facilities and resources, school district personnel can assist with the coordination, acquisition, and distribution of these.

Program coordinators, for example, play an important role when assisting teachers with the implementation of the health and personal development program. They may provide assistance with professional development, coordination of resources, and make provision for the continuous monitoring and assessment of the program at the school/district level.

In the initial stages of the implementation process, school district personnel must strive to ensure that schools develop and adopt policies which support comprehensive health and personal development programs. Schools cannot advocate a comprehensive program while condoning practices which do not support and promote healthy lifestyles for students and educators.

Role of School Administrators and Staff

If the health and personal development program is to be comprehensive, and if it is to enable young people to engage in behaviours that enhance personal and community well-being, it must have the support of administrative personnel. The school's key administrator, the principal, should be familiar with the philosophy, goals and objectives of the program, and the approaches and methodologies used in the delivery of the program. The principal's support is one of the most important elements in the success of the program and without his or her involvement in developing an appropriate plan for implementation, success may not be possible.

It is important that the program be given adequate time in the overall curriculum (see chart - Suggested Unit Sequence and Time Frame) and that teachers for the program be selected based on qualifications, suitability and interest in the area. In addition, policies and conditions in the school should support the program. For example, the unit on nutrition would be relevant and meaningful if delivered in an environment that has a sound nutrition policy accompanied by appropriate practices related to the serving of food and provision of eating facilities for students and staff.

Positive support and attitudes of other staff members towards health and personal development initiatives for adolescents will also contribute to the success of the program. Teachers could be given an overview of the program at a staff meeting or be kept informed less formally through conversations in the staff room. At times throughout the year, students will be involving other teachers in the program through such activities as completing questionnaires and surveys. Some of these activities may involve sensitive issues arising from discussions in units such as human sexuality or drugs. Teachers who are aware of the program and its methodologies are better able to respond to such activities and to also cope with sensitive questions posed by students who feel open enough to involve other teachers in issues arising from class discussions.

Because this program promotes collaboration among those who provide services to students, it is important that the guidance counsellor be aware of the philosophy and goals of the program. This would allow promotion of services and assistance to students at the classroom level as well as facilitate the involvement of the guidance counsellor when the need for services to students has been identified.

With respect to small and multi-grade schools, consideration will need to be given to the delivery of certain components of the program. There are units of the program, such as nutrition and active living, that could be introduced and addressed over two or three grade levels. Some aspects of the units on human sexuality may, however, not be

suitable for students in two or three grades simultaneously. This is particularly true for the grade nine component of the program entitled *Adolescence: Relationships and Sexuality*. The human sexuality units would need to be examined and evaluated before the decision is made on how to implement them in a multi-grade setting.

Role of the Teacher

The teachers of this program must act as ambassadors for the program and promoters of its benefits to student well-being. The teacher must continuously aim to keep communication lines open involving the school and its professionals, the home, and the health and community sector. Comprehensive school health is not the responsibility of the teacher alone, but does require his/her constant support and willingness to extend involvement beyond the classroom into the school and the community.

The intent of this comprehensive program is to place students at the centre and to actively involve and engage them in the learning process and the attainment of the program's goals. The skill and ability of the teacher to direct this process is critical to the success of a comprehensive school health program. Research reports that teachers who are effective in creating and setting the climate for such learning demonstrate the following characteristics:

- a positive view of others

- view others as potentially friendly and worthy in their own right

- hold a favourable view of democratic classroom procedures

- have the ability to see things from another's viewpoint

- see students as persons who are capable of doing things for themselves

Teachers who choose to become involved in the implementation of a health and personal development program that is process-oriented and that addresses sensitive issues in a number of areas must be prepared to deal with potentially difficult situations in and outside the classroom. Examples of such situations include parents/guardians who react strongly to the content of sexuality units, students who reveal too much about themselves in class or students who use inappropriate language or gestures that are offensive or degrading to themselves or others.

The teacher must be prepared to discuss in a frank and open manner many sensitive issues raised by adolescents and to assist young people in evaluating alternate courses of action and making responsible decisions regarding behavioural choices.

The section *Teaching and Learning Strategies* provides a more detailed discussion of methods and approaches that are suitable for the implementation of the program and that are known to be successful with adolescents at the Intermediate level.

Suggested Unit Sequence and Time Frame

Unit	Grade 7	Grade 8	Grade 9
Content, Process and Skills - An Overview	1-2 weeks	1 week (review)	
Emotional and Social Well-Being	4 weeks	4 weeks	
Climate Building - Communications			4 weeks
Self-Concept			4 weeks
Relationships	3 weeks	3 weeks	7 weeks
Human Sexuality	5 weeks	5 weeks	11 weeks
Drugs: Smoking and Alcohol	3 weeks		
Drugs: Alcohol and Other Drugs		8 weeks	
Active Living	4 weeks	5 weeks	
Nutrition			
Safety and Environmental Health	5 weeks		

*1 week = three 40-minute periods in a 6-day cycle.

NOTE: The above is a suggestion only. Student learning needs may indicate different time frames. The sequence of units, with the exception of *Content, Processes, and Skills - An Overview*, can follow the order determined by the teacher(s). It may be appropriate to deal with two or more units simultaneously and combine objectives across units.

Role of Community Resource Personnel in the School

Community resource personnel play a vital role in the delivery of an variety of services which enhance health in the school environment.

In addition to the traditional health professionals, there are many individuals and groups who are willing and able to provide students and schools with expertise and resources in a variety of areas. Some of these resource personnel include the police, Cancer Society, Red Cross, St. John Ambulance, Coast Guard and many other organizations and community service groups.

A comprehensive approach to health education and service delivery in the school system requires the coordination and utilization of resources to avoid unnecessary duplication and to make the best use of instructional time and human resources.

Some of the health professionals who interact with the school system include: the public health nurse, nursing assistant, health educator, nutritionist, dental hygienist, physician, social worker, occupational therapist, physiotherapist, and speech language pathologist.

The public health nurse is a key team member in the delivery of health promotion and health services in the school. She/He is often the entry point into the health care system for the family/student/teacher. The primary roles of the public health nurse in the school system include:

Coordinator - involves student, family, school personnel and community in accessing required health services.

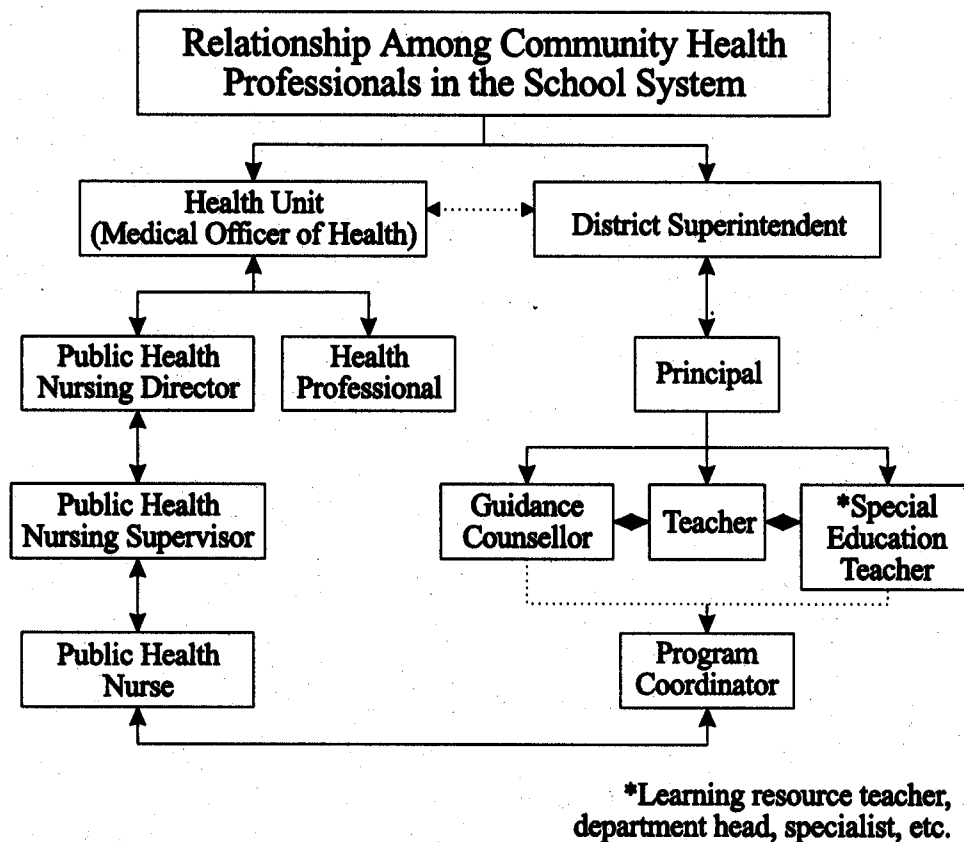
Consultant - provides information regarding health issues and appropriate community resources.

Care/Service Provider - uses clinical skills to assess student's health in order to provide appropriate interventions. Assists the student/family to accept responsibility for health.

Advocate - helps student/family become aware of issues which affect their health and actively promotes the development of needed resources

Educator - provides information, in-service education, expertise and resource materials to assist the classroom teacher who is the primary educator in the implementation of the health program. Provides educational sessions in the classroom when professional or technical expertise is required. Provides formal presentations to parent groups and school board personnel on a variety of health issues.

The following chart outlines the relationship among community health professionals within the school system.



Parental Involvement

Because the education of adolescents in the areas of relationships and sexuality and other health issues is seen as a partnership between the family and the school, it is important that parents and guardians be involved in the program. The school has a shared responsibility with the home in assisting young people attain their full potential. When the home and the school are working towards the same goals communication at home is often facilitated.

Parents and guardians may have concerns about the implementation of a program that deals with sensitive issues. These concerns are usually alleviated when parents know the teacher, are aware of the course content, and feel assured that the teacher is inviting students to consider and discuss family viewpoints and values. It is useful to invite parent or guardian input into the program so that the teacher can be aware of different perspectives held in the home and school community. Keeping parents involved can also provide feedback with respect to the program and whether or not objectives are met.

One of the most effective ways to involve parents is through meetings. This arrangement not only allows them to become aware of the program's goals and objectives and to provide valuable input, but also allays their fears with respect to dealing with sensitive issues and sexuality education in particular.

A successful parent or guardian meeting is achieved by thoughtful planning and a positive attitude. Give notice of the meeting well in advance. The teacher should plan to include in the meeting such key persons as the school principal, a community health resource person, the clergy, and the school board coordinator.

The meeting should inform parents about the basic rationale and objectives of the program, include a brief outline of the contents of the program, and a sample of some of the student learning activities in the program. Provide ample opportunity for parents to ask questions and provide extra insight into the program. Take advantage of open discussion during the meeting to learn about parental concerns and feelings about the program. Parents and guardians of students who require individualized program planning must be involved at all stages in the program planning process as participating members in the team approach (see Special Education Policy Manual).

It is important to emphasize that the purpose of the program is to support and not to replace family roles and responsibilities. Meeting with parents and guardians is one of the most important ways of showing that their involvement, support, and concern is desired and welcomed. If parents or guardians can't or don't come to the school, consider going to where they are - at work, social gatherings or community functions.

If possible, provide parents and guardians with appropriate pamphlets or a list of readily available resources that addresses program topics. As students reveal their interests or discuss class activities at home, parents can then choose to highlight or share available material. This also provides an opportune time to reinforce their own values and opinions surrounding the topic at hand. Students should be encouraged to take materials home and discuss topics and issues with parents.

Continuous efforts should be made to keep parents informed and involved in the program through a variety of venues. This allows parents not only opportunity to become aware of the value of the program, but also to provide worthwhile contributions to its sustainability and improvement.

Evaluation

Evaluation is the ongoing process of making judgments with respect to teaching and learning and is an important and integral part of education. It is a way of providing a basis for instructional planning, of identifying student levels of development and understanding, of assisting student progress, of identifying the effectiveness of teaching and learning strategies, and of determining to what degree goals and objectives are met.

Evaluation of the instructional process is an important aspect of a successful program. It is important for the teacher to take the time to examine instructional approaches and teaching strategies from year to year to determine what has worked and what needs improvement and change. This can be done through formal means such as a student survey or informally through a brief questionnaire eliciting general student response.

Assessing the learning process involves the three types of student evaluation: pre-instructional, formative, and summative. *Pre-instructional evaluation* will help determine where students are in relation to the objectives of the program and will be of assistance in planning for instruction and facilitating learning. *Formative evaluation* conducted continuously throughout the program will help improve instruction and learning as it keeps the teacher and students aware of progress. *Summative evaluation* methods are intended to identify areas of mastery and competence, to determine how well students use knowledge or perform skills, and to improve and further student learning. The results of all continuous evaluation should be analyzed and used to direct future efforts in planning for and affecting student learning.

Student evaluation should be a planned systematic process. It should be an indicator of student achievement and include all available sources in determining what and how well students are learning. Different sources of evaluation may be used for different objectives. For example, while observation is appropriate for process-related objectives, a written test may be the best source of evaluation data for a content-specific objective. In addition, because students have different learning styles and abilities, different modes of evaluation may be required to determine the extent to which objectives are achieved. For example, a young person with poor writing skills may demonstrate the attainment of an objective in a visual format. A variety of sources and differentiated evaluation should ensure a comprehensive profile of student achievement and abilities.

Since decision making and appropriate behaviours are promoted in this program, evaluation should focus on the application of these through such sources as case studies, simulations or decision cases.

Evaluation

Most educators are aware of the difficulty of trying to evaluate progress in the affective domain and perhaps the most effective source of evaluation data is observation. Refer to *The Evaluation of Students in the Classroom*, p. 15-17 for further discussion.

Because this program places emphasis on content and on process, approaches to evaluation will require creativity and variety. Some possibilities might be the evaluation of the following products and processes:

***Tangible* products such as:**

- individual task sheets, projects or assignments
- group projects
- unit quizzes
- essays
- contracts
- presentations
- displays
- oral and written reports
- plays
- mobiles

***Observable* processes such as:**

- interaction within a group
- show of respect for others
- demonstration of listening skills and verbalization skills
- show of commitment to a task
- demonstration of an appropriate behavioural choice supporting a healthy lifestyle

Because the program has objectives in both product and process, the summative evaluation should reflect the extent to which young people have achieved these objectives.

Resources

Program Resources

The following resources are available from the Department of Education.

Authorized

Grade 7

Adolescence: Healthy Lifestyles

A Health and Personal Development Curriculum Guide

Healthwise 1 (Student Book)/Santé en tête 1 (Manuel de l'élève)

Healthwise 1 (Teacher's Resource Book)/Santé en tête 1 (Guide d'enseignement)

Videos (one per school)

I Like Being Me (Self Esteem Series)

Friendship: The Good Times, the Bad Times (Self Esteem Series)

The New Improved Me: Understanding Body Changes

Sexuality (Degrassi Talks Series)

Smart Talk

AIDS: The New Facts of Life/Pour L'Amour de la Vie (with teacher's guide)

Between You and Me: Learning to Communicate (Self Esteem Series)

Yes? No? Maybe? Decision-Making Skills (Self Esteem Series)

Your Choice, Our Chance/Tes Choix Ta Santé (HWC Drug Prevention Series with teacher's guide)

Diary of a Teenage Smoker/Journal d'une jeune fumeuse (with teacher's guide)

Alcohol (Degrassi Talks Series)

Fitness and Sport

Resources

The following videos are available from the Learning Resources Distribution Centre (LRDC):

Recommended

Tobacco and You

Mental Wellness: Making It Happen

AIDS: What Everyone Needs to Know (Revised 1992 edition)

Taking Charge: You and AIDS

The AIDS Movie

Talking With Teens About AIDS

Authorized

Grade 8

Adolescence: Healthy Lifestyles

A Health and Personal Development Curriculum Guide

Healthwise 2 (Student Book)/*Santé en tête 2* (Manuel de l'élève)

Healthwise 2 (Teacher's Resource Book)/*Santé en tête 2* (Guide d'enseignement)

Videos (one per school)

Sexual Responsibility: A Two-Way Street

Teen Contraception

Thinking Positive

Date Rape: It Happened to Me

David's Story: A Teen Suicide

Depression (Degrassi Talks Series)

Abuse (Degrassi Talks Series)

Drugs (Degrassi Talks Series)

Alcohol (Degrassi Talks Series)

Choosing to Wait: Sex and Teenagers

The Circle (Working It Out at Maddison Series) - for native schools only

Nutrition and Exercise in the 90's

Young Hearts: What You Must Know About Cholesterol

Recommended

Grade 8

Skills for Adolescents, available from Lions Club International

The following videos are available from LRDC:

Self Esteem (The Power of Choice Series)

Coping With Pressures (The Power of Choice Series)

Communicating with Parents (The Power of Choice Series)

Sexual Abuse Prevention

Dating, Sex, and Trouble

When Romance Turns to Rape

Breaking the Chain (Working It Out at Madison Series)

Private Affairs (ABC After School Specials)

Come In From the Storm

Nothing to Do

Depression and Suicide (The Power of Choice Series)

Best Friend (Working It Out at Madison Series)

Drinking and Driving (The Power of Choice Series)

Drugs and Alcohol Parts I and II (The Power of Choice Series)

Real People: Meet a Teenage Anorexic

Overweight: Who's In Control

Weighing the Choices

Resources

Dietary Management of Fat and Cholesterol

Authorized

Grade 9

Adolescence: Healthy Lifestyles

A Health and Personal Development Curriculum Guide

Adolescence: Relationships and Sexuality

teacher's resource (with overheads)

student activity book

suggestions and resources developed by the Catholic Education Council -
available from district offices.

AIDS: What Every Responsible Canadian Should Know (teacher resource)

Aids: What Young Adults Should Know

Teacher's guide

Student Booklet*

Videos (one per school)

Choosing to Wait: Sex and Teenagers

Between You and Me: Learning to Communicate (Self Esteem Series)

Yes? No? Maybe? Decision-Making Skills (Self Esteem Series)

Taking Chances

Saying No

Violin

May's Miracle

Sex (Degrassi Talks Series)

Sexuality (Degrassi Talks Series)

AIDS: The British Approach

AIDS: The Facts and the Future

AIDS: The New Facts of Life/Pour L'Amour de la Vie (with teacher's guide)*

AIDS: What Everyone Needs to Know (Revised 1992 edition)

Talking With Teens About AIDS

Thinking Positive

* Not for use in Roman Catholic schools

Recommended

Skills for Healthy Relationships

A Program About Sexuality, AIDS and other STD

Available from:

Social Program Evaluation

Queen's University

Kingston, ON

K7L 3N6

Tel: (613) 545-6255

Fax: (613) 545-6584

The following videos are available from LRDC:

Taking Charge: You and AIDS

The AIDS Movie

Acting on Your Values (The Power of Choice Series)

Friendship and Dating (The Power of Choice Series)

Not Just Anybody (Working It Out at Madison Series)

Teen Contraception

Teenage Parents: Their Lives Have Changed

Sex (The Power of Choice Series)

Too Close for Comfort

Ray Condon Story

When Romance Turns to Rape

Raising Your Parents (The Power of Choice Series)

Some Provincial and Community Agencies

The following non-exhaustive list of provincial and local agencies are vital and credible sources of information and support for the delivery of a comprehensive health program.

Canadian Cancer Society

Canadian Heart Foundation

Canadian Mental Health Association

Canadian Red Cross

Department of Health/Regional Health Units

Department of Social Services

The HUB

Community Recreation, Sport and Fitness, Department of Municipal and Provincial Affairs

Heart and Stroke Foundation

Newfoundland Lung Association

Association of School Administrators

Newfoundland and Labrador AIDS Committee

Epilepsy Newfoundland and Labrador

St. John Ambulance

Newfoundland and Labrador School Milk Foundation

Newfoundland and Labrador School Trustees' Association

Newfoundland Federation of Home and School

Newfoundland Safety Council

Memorial University, School of Physical Education and Athletics

Early Childhood Training Centres

Royal Newfoundland Constabulary (RNC)

Royal Canadian Mounted Police (RCMP)

Community Recreation Associations

Professional Resources/References

Cooperative Small Group Learning Books:

Cooperation in the Classroom by Johnson, Johnson and Holubec

Circles of Learning with Holubec

Available from:
Interaction Book Company
7208 Cornelia Drive
Edina, MN 55435

Together We Learn by Clarke, Wideman and Eadie

Available from:
Prentice-Hall Canada Inc.
1870 Birchmount Road
Scarborough, ON
M1P 2J7

Cooperative Learning: Getting Started by Ellis and Whalen

Available from:
Scholastic Inc.
2931 East McCarty Street
Jefferson City, MO 65102

Interdisciplinary Teaching Books

Interdisciplinary Teaching in the Middle Grades by Gordon F. Vars

Available from:
National Middle School Association
4807 Evanswood Drive
Columbus, OH 43229-6292

Resources

Interdisciplinary Curriculum: Design and Implementation edited by Heidi Hayes-Jacobs

Available from:

Association for Supervision and Curriculum Development (ASCD's)
Order Processing Department
1250 North Pitt Street
Alexandria, VA 22314-1453

Personal and Social Skills Books:

Personal and Social Skills: Understanding and Integrating Competencies Across Health Content by Joyce V. Fetro

Available from:

Education, Training and Research (ETR)
P.O. Box 1830
Santa Cruz, CA 95061-1830

100 Ways to Enhance Self-Concept in the Classroom: A Handbook for Teachers and Parents by Caulfield and Wells

Available from:

Prentice-Hall Canada Inc.
1870 Birchmount Road
Scarborough, ON
M1P 2J7

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